

QUESTIONNAIRE/INFORMATION SHEET

PAW TIME LTD. ("Paw Time") is the owner and operator of Lethbridge's premier indoor dog park and canine daycare facility! Paw Time's goal is to provide a safe, clean and well maintained area where dog owners can feel comfortable bringing their canine companion for both off-leash and on-leash play time with their owners, other owners and other doggie users. Present or anticipated services include not only off-leash and on-leash exercise/socialization areas, but also dog-wash facilities and canine daycare facilities. Paw Time wants your furry family members to enjoy every minute at our facility, and for you to make Paw Time your #1 destination for you and your canine family members!

To help us serve you and your dog better, and to help us make Paw Time facilities as safe and enjoyable for all as possible, we'd like to get some information about you and your dog. This information will be held on Paw Time's files for as long as you are a member of Paw Time or a user of Paw Time's services and facilities, but we reserve the right to destroy the information you have given us as may be required (for example, if you are no longer a member). Please help us by filling out the following:

The information stated in this form is subject to the requirements of the *Personal Information Protection Act of Alberta* (S.A. 2003, Chapter P-6.5) and will be dealt with in accordance with that Act and Paw Time's "Personal Information/Privacy Policy", a copy of which is available on our website.

Owners' Information

Name: _____

Address: _____

Phone number(s): Home: _____ Work: _____ Cell: _____

Email: _____

Dog Information

Name: _____ Age: (approximate) _____

How long have you owned your dog (approximately): _____

Female: Male: Breed (If known) _____

Intact: Yes No: Females: In Heat: Yes No:

My Dog is allergic to the following: _____

Allowed Treats?: Yes No Treats not to be given (types): _____

My dog has exhibited on one or more occasions the following behaviors:

Protective of Owner: Yes No If "Yes", circumstances: _____

Aggressive to People: Yes No

Aggressive to Other Dogs: Yes No

Has Bitten Another Dog: Yes No

Has Bitten A Human: Yes No .

(Please attach a separate sheet if needed, to describe any the incident):

Escapes enclosures: Yes No

If In Doggy Care:

- Can be separated from other/companion dog: Yes No
- Prefers to socialize with other dogs: Yes No
- Prefers to socialize with small dogs: Yes No

My dog has challenges getting along with the following breeds: _____

Veterinary Information

Veterinary Clinic: _____

Name of Veterinarian: _____ Phone Number: _____

Address (if known): _____

Vaccinations: Rabies: Yes No Rabies Number: _____

Bordetella: Yes No

Distemper: Yes No

Any Physical and/or Medical Conditions That Paw Time should be aware of regarding your dog?

Explain: _____

Having this information available to us allows Paw Time to provide the safest and most enjoyable environment for as many owners and their canine companions as possible. If there is any information about your dog that you feel we should know but was not asked above, please take a moment to tell one of our employees or to email us. We welcome any questions, comments or suggestions that you may have to improve Paw Time for you and all of our canine friends!