

Pets Full Name \_\_\_\_\_

Fax: (516)-942-8398

## PAW SEASONS HOTEL & DAY SPA "HOTEL QUESTIONNAIRE"

*(Please fill out and MAIL/FAX or RETURN upon check-in at the hotel)*

**PAW SEASONS HOTEL & DAY SPA** is setting the standard for a deluxe hotel experience for your pet. Our luxury resort far surpass any boarding facility in the area, making us the premier pet vacation destination spot. To keep our guests at their happiest during their stay, we would like to know a little bit more about their day to day activities and lifestyle.

1. Does your pet get nervous when left alone? Yes No Sometimes

2. Does your pet require any special needs or tending to? Yes No Sometimes  
(If yes, please explain) \_\_\_\_\_  
\_\_\_\_\_

3. Is your dog housebroken? Yes No Sometimes  
During your dogs elimination (potty time) does he/she;  
A. eliminates in a yard unleashed  
B. eliminates when on leash during walks only  
C. eliminates on wee-wee pads only. (If so, please supply pads)  
D. other \_\_\_\_\_

4. Is your pet allowed to play outside alone? Yes No Sometimes

5. How long does your pet usually stay outside unattended? \_\_\_\_\_

6. Does your pet like to dig or chew on things while outside? Yes No Sometimes

7. Would you prefer your dog to be inside only (playroom exercised)? Yes No

8. Does your dog socialize with other dogs well? Yes No Sometimes

If no, your dog will get private outdoor/indoor time only.

If yes, do you authorize our staff to allow your pet to socialize with other dogs during his/her stay?

Yes No

9. What belongings are being left with your pet while he/she is staying with us? (PLEASE list all items.) \_\_\_\_\_

10. Does your pet prefer to be in a cozy cage or a large run? \_\_\_\_\_

11. Please specify your pet's food diet \* \_\_\_\_\_

How many times a day is he/she fed, please specify amts: Once Twice Cups? \_\_\_\_\_

\*We are happy to provide our guests with premium Iams Lamb & Rice adult or mini-chunks, if you prefer, you may bring your pets own food that is labeled with both first and last name.

12. Please specify any medications or supplements that need to be given to your pet while staying at the hotel. You must supply the hotel with the proper amount of medication for their stay.  
\_\_\_\_\_

I have read and agreed to all stipulations specified on the reverse side of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact Number