



Pet Personality

DATES: _____

ENCLOSURE: _____

BOARD TOGETHER? _____

Deposit collected _____

Today's Date: _____

Owner's Name _____

Address _____

City/State/Zip: _____ / _____ / _____

Cell/Home/Work Phone: _____ Emerg. Contact (name) _____

Email Address: _____ Emerg. Contact(phone) _____

How did you hear about us? _____

Pet Name: _____

Breed: _____

Age: _____ Birthday: _____ Weight: _____ Color: _____

Veterinarian: _____

Sex: Male/Female (circle) Neutered/Spayed?: Yes/No (circle)

Vaccinations (Expiration Date): All vaccinations are required and must be up to date. We will need a hard copy from your vet.

DOG **Bordetella:** _____ **Rabies:** _____

Distemper: _____ **Canine Influenza:** _____

CAT **FVRCP or CPPR:** _____ **Rabies:** _____

Pet Information (Dog or Cat)

#1: How long has your pet lived with you? Since a puppy or kitten?

#2: Has your pet boarded away from home before?

#3: If boarded before, were there any problems or concerns – if yes, explain:

#4: Any restrictions placed on your pet's activities or movements?

Diet:

Brand: _____

Amount: _____

How many times daily (circle): AM NOON PM

Special Instructions: _____

Medical Information (Dog or Cat)

#1: Are they on flea & tick prevention? If yes, which one and when was it last administered?

#2: Any allergies? If yes, to what?

#3: Any physical disabilities or medical conditions?

#4: Any recent medications/anesthesia administered to your pet and/or recent/past surgeries/medical procedures? If so, what medication/surgery and when? (Including recent medicated baths, heartworm prevention, or vaccinations within the last two weeks)

#6: Any unique medical characteristics we should know about your pet? (Lipomas, limps, scars, blind, deaf, etc.)

#7: If your pet is a female and unaltered, do you know when their next cycle will be or when their last one was? Will it occur during their stay and would you be willing to bring proper supplies?

#8: If you have a large breed dog has your dog had the gastropexy surgery to prevent bloat?

Medication Information (Dog or Cat)

Medication Name: _____

Dosage: _____

Frequency (circle): AM NOON PM EVENING

How to give: _____

Note(s): _____

Medication Name: _____

Dosage: _____

Frequency (circle): AM NOON PM EVENING

How to give: _____

Medication Name: _____

Dosage: _____

Frequency (circle): AM NOON PM EVENING

How to give: _____

Note(s): _____

For Dogs Only

#1: Do certain things cause your dog to be fearful? (i.e., such as kids, uniforms, hats, storms, loud noises etc?)

#2: If frightened by anything, what helps you alleviate the fear?

#3: Does your dog guard his toys, food, home, or YOU? If so, does he growl or snap when these things are approached?

#4: If multiple dogs, do they like each other? Do they eat and play well together? **(Must answer if pets are boarding together)**

#5: How does your dog react to other dogs?

#6: Has your dog ever climbed or jumped a fence or are they a digger?

#7: Is your dog crate trained?

For Cats Only

#1: Is your cat declawed?

#2: Does your cat accept or tolerate strangers nicely?

#3: How do they react to other cats?

#4: Has your cat tested positive for FIV (feline aids)? _____

Extra Services Discussed

Exit Bath - \$32

Frozen yogurt popsicle - \$4

Tidy your Teeth - \$5

Bottled purified water service - \$6

PB Bone Sandwich - \$5

Extra Potty break(per 10 minutes) - \$8

Laser Fun - \$8

Filled Kong (Lg \$9, Med \$7, Sm \$6)

Cat nip Play - \$8

Pamper Brush (per 10 minutes) - \$9

Bedtime snuggles/book reading - \$12

Individual Play time (per 15 minutes) -\$13

Cuddles and Kisses (per 10 minutes) - \$11

Ball and frisbee fetch (per 15 minutes) -\$13

Senior Stroll (per 10 minutes) - \$11

Meal in house - \$5/day

Pool play/frozen treat - \$16

Add ons requested:

Specified Day:

- 1.
- 2.
- 3.
- 4.
- 5.

Daycare Added to Boarding:

Daycare Full day Half day Dates added: _____

TEMP TEST Completed? Yes No

Exit bath

BATH Yes No Date for exit bath: _____

Signatures for Following Forms:

_____Emergency Release Form

_____Consent Form -social media/care/medication

Entered By (Associate Initials): _____

Entered On (Date): _____