



### Pet Owner Information

Name (first & last): \_\_\_\_\_ Partner/Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Partner/Spouse Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_ Work #: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

If anyone other than the owner has permission to pick up your pet, please give us their names:

\_\_\_\_\_

### Veterinary Information

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Date of last shots:**  
*(Please provide a copy)*

Dog:

Cat:

Bordetella \_\_\_\_\_

FVRPC \_\_\_\_\_

DHLPP \_\_\_\_\_

FeLV \_\_\_\_\_

Rabies \_\_\_\_\_

Rabies \_\_\_\_\_

Flea/Ticks:  Topical  Oral

Flea/Ticks:  Topical  Oral

### About Your Pet

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female  Dog  Cat

Other If other: Pet Type: \_\_\_\_\_ Spayed/Neutered? \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Please describe your pet's comfort level with animals & people: \_\_\_\_\_

\_\_\_\_\_

Has your pet ever been aggressive with a person or another animal? Please describe. \_\_\_\_\_

Does your pet have temperament issues such as shyness, fear or aggression? Please describe. \_\_\_\_\_

Describe any medical or physical problems: \_\_\_\_\_

Does your pet have allergies? Please describe: \_\_\_\_\_

### **General Questions:**

- |  |  |
|--|--|
| Has your pet ever been boarded before?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your animal ever bitten a person, other dog or other animal?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your dog ever been reported to or been taken by any animal control agency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your pet have a current license?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your pet used to being in a crate?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your dog ever escaped a fence? (over or under) How high? _____             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your dog get along well with other dogs?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does your pet have separation anxiety issues?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can your pet go off-leash in a safe field?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### **Pet-Favorite activities**

- Ball  Frisbee  "Keep away"  Tug o' war  Swimming  Cuddle  Belly rubs  Brushing
- Massage  Other \_\_\_\_\_

Any additional information to help us care for your pet: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Best time to meet is: \_\_\_\_\_

**Please return this completed form to us prior to our first meeting. Thank you.**