



# Boarding Agreement

## Pet Information Sheet

"We Care When You Can't"

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Wk # \_\_\_\_\_

Dog's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Distinct Markings: \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered or Spayed: Yes  No

Is your dog microchipped? Yes  No  Company: \_\_\_\_\_ ID# \_\_\_\_\_

What brand of food do you feed? \_\_\_\_\_ How much? \_\_\_\_\_ X's per day? \_\_\_\_\_

Special feeding instructions? \_\_\_\_\_

Is it ok to give your dog treats? Yes  No  Type: \_\_\_\_\_ Qty: \_\_\_\_\_ X's per day: \_\_\_\_\_

Any allergies or restrictions? \_\_\_\_\_

Is your dog current on vaccinations? Yes  No  Date of last: Rabies: \_\_\_\_\_ 1yr  3yr  DHLPP: \_\_\_\_\_ Negative Fecal: \_\_\_\_\_

Bordetella: \_\_\_\_\_ (must be within last 6 months) Any other vaccines? \_\_\_\_\_

Is your dog on any medications or supplements? Yes  No  If yes give details below:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ X's per day: \_\_\_\_\_ Reason: \_\_\_\_\_

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Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ X's per day: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ X's per day: \_\_\_\_\_ Reason: \_\_\_\_\_

Date of dog's last visit to veterinarian: \_\_\_\_\_ Reason: \_\_\_\_\_

Results: \_\_\_\_\_

**Known medical conditions (check all that apply):**

- Heart Condition       Hip Dysplasia       Incontinence       Diabetes       Chronic Ear Infections   
Eye Drainage       Diarrhea that is Stress  Blind       Deaf       Seizures   
Related  
Obsessive Marking of   
Territory

How did you acquire your dog? \_\_\_\_\_ How long have you had your pet? \_\_\_\_\_

How old was your dog when you got him/her? \_\_\_\_\_ How did you acquire him/her? \_\_\_\_\_

Any history of abuse or neglect? \_\_\_\_\_

What was your primary reason for getting a dog? \_\_\_\_\_

Is your dog aggressive towards other dogs, cats, children, men, women or strangers? Yes  No  Don't Know  If Yes or Don't Know please

explain: \_\_\_\_\_

Has your dog ever been boarded before? Yes  No  How was it? \_\_\_\_\_

Attended Day care? Yes  No  How was it? \_\_\_\_\_

Taken to a dog park? Yes  No  How was it? \_\_\_\_\_

What percentage of dog's time is spent outside? \_\_\_\_\_ % What percentage of pet's time is spent indoors? \_\_\_\_\_ %

Where does your dog usually stay while you're not at home?

- Full Access       Outdoor Kennel       Crate       Garage       Back Yard   
to the House  
Kitchen       Other

Special reason? \_\_\_\_\_

Where does your dog usually sleep at night (check all that apply)?

- Owners Bed       Owners Bedroom       Pets Own Bed       Sofa       Living Room Floor   
Kitchen       Garage       Back Yard       Outdoor Kennel       Crate   
Other

Special Reason: \_\_\_\_\_

How does your dog react to kenneling or crating?      Loves       Likes       Tolerates       Hates       Unknown

