

Owner's Name _____

Pet Information	Dog _____	Cat _____	Other (describe) _____
Name: _____ Nickname _____ Breed _____ Weight _____			
Color: _____ Check <i>one</i> of the following: Male ___ Female ___ Neutered/Spayed: Yes ___ No ___			
Age: _____ Method of Flea Control: _____ Current? Yes: _____ No: _____			
Please share with us any special care that your pet may required due to any medical or physical related impairments:			

Is your pet required to take any medication during their stay? Please explain in detail the dosage and frequency:			

Are there any treats we should NOT offer to your pet? _____			
Does your pet have any allergic reactions to anything? _____			

Behavior

Is this your pet's first time boarding or daycare? Yes ___ No ___ Housebroken? Yes ___ No ___
Does your pet exhibit any fears or phobias that we need to be aware of? Please explain:

Has your dog ever bitten another dog or person? Yes ___ No ___ Please explain the circumstances.

Personality

How does your dog react to strangers coming to your home?

How does your dog react to other dogs coming to your home or yard?

Did your dog come from a rescue shelter? Yes ___ No ___
Has your dog ever been abused or neglected that you are aware of? Yes ___ No ___
If yes...Please explain

Do you feel your dog would socialize with a group of other dogs? Yes ___ No ___
Does your dog come when called? Yes ___ No ___
Has your dog ever jumped over a fence? Yes ___ No ___
What is your pet's favorite toy? _____
What is your pet's favorite place to be pet? _____
Is there any place on your pet's body he does not to be pet? _____
Is there anything else you would like to share with us about your pet?

