



Pet Information: Boarding Services

Name: _____ Breed: _____ Color: _____

Weight: _____ Date of Birth: _____ Sex: Female Male Spayed/Neutered: **Y / N**

Overnight Feeding Instructions: Breakfast (7-8 AM) Lunch (11:30-12:30 PM) Dinner (5-6 PM) Free Feed

Amount: _____

Please list any food allergies/restrictions/other specific info for feedings: _____

Does your pet require any **medication to be administered** while in our care? **Y / N**

If yes, please list medication name(s) and dosing instructions. (**Please leave medications in original containers.*)

May we give your pet **treats** while in our care? **Y / N**

Does your pet have any non-food related allergies we should be aware of? **Y / N**

If yes, please list: _____

Your pet MUST be free of fleas & ticks. Please list what type of flea & tick preventative you use. **[Required Question]**

Nexgard Bravecto Frontline Other: _____

Does your pet have any of the following health problems? **[Required Question]** **Y/N**

Seizures Heart issues Open Sores Taking a sedative medication Is pregnant or nursing?

Please specify any other health concerns _____

Would you consider your pet aggressive? **[Required Question]** **Y / N**

Has your pet ever bitten a person? If yes, please describe the situation: **[Required Question]** **Y / N**

Has your pet ever bitten another animal? If yes, please describe the situation: **[Required Question]** **Y / N**

Does your pet have any medical restrictions on his/her activities? **Y / N** If yes, please describe:

Is it okay to give your pet a walk during their stay? (Dog's Only, **We try to get everyone out when it's nice.**) **Y / N**

How does your pet react to new people? _____

Does your pet like to cuddle/ affection from people? **Y / N** _____

Please describe your pet's overall temperament: _____

Has your pet been to other boarding facilities? **Y / N** If yes, how was their experience: _____

How long have you had your pet? _____ Where did you get him/her? _____

Does your pet know commands? **Y / N**

If yes, what ones? _____

Is your pet: Housebroken? **Y / N** Crate-trained: **Y / N** Does your pet play with toys? **Y / N**

Is there anything else about your pet you would like us to know to keep his/her stay more comfortable?

Please list any items from home that you brought: (**We cannot guarantee the return of items in their original condition.**)

Grooming Services (*only needs to be answered if your pet is getting hair cut/trim services*):

We require that your pet has not had any vaccinations in the past 48 hours prior to your full/maintenance grooming appointment. Please circle 'Y' to agree to these terms. **[Required Question]** **Y / N**

How were your pet's past grooming experiences? (if any) _____
