



Pet Intake Form

Pet Parent(s): _____

Phone Number(s): _____

Email(s): _____

PET INFORMATION

Name: _____ Looks like/ Breed: _____ Age: _____

Size: 1-20 lb./ 21-45 lb./ 46-100 lb. / >101 lb. Sex: Male / Female Status: Spayed / Neutered/ Intact

Color/Markings: _____

Has your pet been boarded before? _____ With us? _____

What's your pet's personality? Assertive / Outgoing / Timid / Fearful / Aloof _____

Pertinent Health History- Past & Present (medical problems, recent surgeries, & physical limitations):

Does your pet have any allergies, especially to food? _____

Any areas your pet doesn't like to be touched? _____

Any specific types of people, dogs, animals, or situations your pet dislikes? _____

Is there any additional info not covered in this form that we need to know about your pet?

Canine Only Please check all that apply to your dog

<input type="checkbox"/> Excessive barking	<input type="checkbox"/> Guards (food, toys, bones, bed, etc)
<input type="checkbox"/> Strong prey drive	<input type="checkbox"/> Anxious of strangers
<input type="checkbox"/> Jumps on people	<input type="checkbox"/> Destructive behavior
<input type="checkbox"/> Escape artist (dig under or jump fences)	<input type="checkbox"/> Separation anxiety
<input type="checkbox"/> Pee when excited or when submissive	<input type="checkbox"/> Fears or reactive to other dogs
<input type="checkbox"/> Likes baths	<input type="checkbox"/> Bowel/bladder control problems
<input type="checkbox"/> House broken	<input type="checkbox"/> Nips/bites if afraid
<input type="checkbox"/> Swallows stuffing of toys	<input type="checkbox"/>

Does your dog have Aggressive guarding tendencies? (food, toys, beds, etc.) _____

How does your dog act when playing? Vocal / Rough / Aloof / Nippy / Bully



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Has your dog ever been in a fight with or been bitten by another dog? What were the circumstances?

Has your dog ever bitten a person? Yes / No If yes, what were the circumstances? _____

Are there any other conditions/quirks you feel we should be aware of? _____

Feline Only Please check all that apply to your cat

<input type="checkbox"/> Declawed	<input type="checkbox"/> Does not like strangers
<input type="checkbox"/> Litter box trained	<input type="checkbox"/> Will bite if afraid or challenged
<input type="checkbox"/> Uses bathroom outside of box	<input type="checkbox"/> Likes to be brushed
<input type="checkbox"/> On hairball medication	<input type="checkbox"/> Likes to be picked up or held
<input type="checkbox"/> Play with toys	<input type="checkbox"/> Likes other cats

What is your cat's activity level? Low / moderate / High

What's your pet's personality? Cuddle Bug / Playful / Timid / Aloof / Spicy / _____

FEEDING INSTRUCTIONS

Number of times per day (additional charge if more than twice): 1 / 2 / 3

am: _____ Kibble _____ Wet/other Lunch: _____ Kibble _____ Wet/other

pm: _____ Kibble _____ Wet/other

If your pet is not eating, is it OK to add things to their food such as wet food, topper, etc. to entice them to eat? -Wet dogfood -Wet Cat food -dehydrated topper -Add water -Peanut butter -Chicken

If your pet gets diarrhea due to stress, is it ok to add chicken and rice, rice only, dehydrated topper, etc. to his/her food? - Chicken - Rice - dehydrated topper

If there is something that you use for this, please bring it and give instructions.

Is your pet on any medications that we need to administer? YES/ NO

If YES- MEDICATION INSTRUCTIONS (What, when, how much)
