



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 gets diarrhea due to stress, is it ok to give Hills I/D canned food for digestive support? There is a \$10 per can charge associated. YES/NO

If there is something that you use to entice your pet to eat or to combat diarrhea, 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)
