

Client Information Form

Please complete and return before your pet is due to arrive.

Client name _____
Address _____
City/State/Zip _____
Telephone (h) _____ (cell) _____
Email _____

Pet's Name _____
Breed _____ Age _____ Weight _____
Sex M or F Spayed/Neutered: Yes No

Medical Information:

Your Vet's Name: _____ Clinic phone: _____
Clinic Name: _____

Dates when your pet was last vaccinated:

*DHLPP _____ *Bordetella _____ *Rabies _____
*Is your dog on heartworm preventative? Yes No Brand used: _____ Last given: _____
*Flea/tick preventative? Yes No Brand used _____ Last given: _____

Other Medications:

Type: _____
Instructions: _____

Feeding Instructions

Brand of dog food: _____ (please supply if not Sensible Choice)
Number of meals per day: _____ Amount fed per meal: _____

Special behavior:

If you dog has any special behavior we should be aware of, please let us know. Afraid of storms, jumps over fences, has been stressed in the past when boarded, poor appetite when boarding, has never been in a kennel, doesn't like male dogs, etc. _____

Include directions to your house if we are picking up/delivering your pet _____

*required to board over 72 hours prior to boarding, must have proof of shot records for file.

Number where you can be reached during the boarding period in case of emergency:

Back up person (name and phone) to care for pet if you become injured or don't return: