Client Kennel/Boarding Intake Form

This form is to be filled out once a year for every client (if necessa)ry. Please notify us if there are any health, medical, feeding, or medication changes with your pet since your original intake form. For more than one pet, please fill out the "Additional Pet Intake Form" for each additional pet you will be bringing. Thank you!

Client Information:

Name:_____ Phone:_____ (Best contact number)

Email:_____

Address:_____ City: _____ Zip: _____

Emergency Contact/Second Owner:_____ Phone: _____

Anyone else who may pick up your pet: _____

How did you find out about us? _____

Pet Information:

Name:_____ Breed:_____ Sex:____ Spay/Neutered?_____

Weight:_____ Color:_____ Age: _____

Veterinary Office:_____ Phone: _____

Feeding Information:

Brand of Food:_____ Cups per meal:_____ Meals per day: _____

Does he/she eat immediately or "graze" all day? _____

Food allergies?_____ Reaction:_____

Food aggression/resource guarding? **YES / NO** Do they need to be feed separately? **YES / NO**

Medical Information:

Any medications your pet is on, dosage, frequency, and methods of taking:

_____

_____

Any health issues? (Diabetes, arthritis, etc.)

_____

_____

_____

Has your dog been seen by their vet in the past 6 months for anything beyond wellness visits and vaccines? Y / N

_____

_____

_____

RABIES EXP _____ DPP EXP _____ BORDETELLA EXP _____

Please provide a member of the staff with a copy or picture of their most recent vaccinations for our records.

Your pet cannot be boarded without <u>current</u> immunizations. <u>Please be advised that while we require up-to-date vaccinations, your pet may</u> <u>still catch "kennel cough" even if it has been vaccinated!</u>

<u>Behavioral Information:</u>

Is your dog generally people friendly? (Y / N) Dog friendly? (Y / N)

Behavior/temperament issues? _____

Does your pet try to escape from enclosed areas? If so, please detail: _____

_____

Check behaviors we should be aware of:

Afraid of thunder/fireworks/loud noises? **YES / NO**

Possessive/resource guarding of toys? **YES / NO**

Separation anxiety issues? (Do they excessively chew kennels/wood) **YES / NO**

Housebroken / potty issues? **YES / NO**

Do you know if your dog is a fence fighter/aggressive at neighbor dogs? **YES / NO**

Is your dog known for being a "humper"/ exhibits dominant behavior? **YES / NO**

Does your dog destroy/chew beds and/or blankets? **YES / NO**

Additional Information For Us:

If your pet does not eat well may we add something to entice eating? **YES / NO**
We usually add beef broth to food for "help".

May we give Pepto Bismol/Imodium if your dog has an upset stomach? **YES / NO**

Has your pet ever bitten a person or other animal? **YES / NO**

Is your pet people friendly? **YES / NO**

Has your pet ever climbed over/through a fence? **YES / NO**

Has your pet ever tried to dig under a fence/or are they a digger of holes? **YES / NO**

Does your pet like water (kiddie pool/pond)? **YES / NO**

Any other information/habits/behaviors you'd like us to be aware about:

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