



Dog Boarding Information Sheet

714-898-5800

**Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner's Name: _____ Dog's Name: _____ Sex: M / F Date Altered: _____

Microchipped: Yes No Chip #: _____ Describe Collar: _____

Breed: _____ Colors/Markings: _____

Where did you get your dog: _____ How long have you owned dog: _____

Has your dog every attended a boarding facility: Yes No If yes, where: _____

Pet's Health Record (must be accompanied by veterinarian records):

Date of Last Check-up: _____ Date of Last Fecal Exam: _____

Flea/Tick Preventative: _____ Date Last Given: _____

Any known allergies, medical problems or restrictions: _____

Has your dog been ill with any communicable diseases in the past month: Yes No

If yes, please describe: _____

Vaccination Dates: Rabies _____ DHPPV _____ Parvo _____ Bordatella _____

Feeding Instructions:

Will you be supplying the food/treats: Yes No

If yes, what brand of food will you be supplying: _____

Feeding Time: _____

Quantity: _____

Treats: _____

Special Feeding Instructions: _____

Foods to Avoid: _____

Walks:

Please describe your leash: _____

Does your dog choke on the leash: Yes No

Are there any special instructions to relinquish pulling/choking: _____

Playtime:

Will you be supplying any toys for your dog: Yes No

Is your dog possessive of these toys: Yes No

If yes, please list and describe: _____

Are there any special games your dog enjoys: Yes No

Please list and describe: _____

Personality

Is it okay for your dog to play with other animals: Yes No

If yes, which breed of dog or type of animal does your dog get along with: _____

If no, please explain why: _____

Does your dog have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your dog ever bitten or been bitten: Yes No

If yes, please describe: _____

Does your dog bark/whimper a lot: Yes No

Does your dog dig/scratch: Yes No

Does your dog get frightened easily: Yes No

Does your dog try to escape: Yes No

If yes, please describe all circumstances: _____

Where does your dog like/not like to be touched: _____

What commands does your dog know:

Sit	Give Paw	Other: _____
Stay	Come	Other: _____
Bedtime	Time to eat	Other: _____

Is your dog house trained: Yes No

Is your dog crate trained: Yes No

What is your dog's potty command: _____

Sleeptime:

Will you be providing the bedding for your dog: Yes No

If yes, please describe: _____

Anything else we should know: _____

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature Date