



OWNER/GUARDIAN INFORMATION

Owner/Guardian:	Phone:
Owner/Guardian:	Phone:
Emergency Contact:	Phone:
Mailing Address:	
Email:	

PET INFORMATION

Name SF	Date of Birth	Sex/Altered: M F / N M
Breed	Color/Markings	
Veterinary Clinic	Number	
Vaccinations Required for Canine: Rabies, Distemper, Parvo, & Bordetella, Canine Influenza. Recommended; Leptospirosis, Hepatitis.		
Vaccinations Required for Feline: Rabies, Leukemia and FVRCP.		
We request that you are using a flea prevention regimen. What type of flea prevention are you using?		
Has your pet been ill, had surgery, or had any injuries in the last 30 days? If yes, please explain.		
Does your pet have any chronic medical conditions? If yes, please explain.		
Does your pet have any non-food allergies? If yes, please explain.		

DIET

Type and Brand of food. How much and how often?
If owners' food runs out, may we use kennel food? If yes, Chicken & Rice or Lamb & Rice? Plain cooked Rice?
Does your pet have any food allergies?
May we give your pet a bland diet of plain rice if they appear to have an upset stomach?
May we give your pet treats? Cheese?

Has your dog ever experienced canine bloat? If yes, please explain.

Your pets eating habits. Circle all that apply to your pet.

They will go periods of time without eating.

They like to nibble all day.

They eat all food immediately at meal time.

They need canned food added to entice eating.

Can we use our canned? Yes or No.

HISTORY AND BEHAVIOR

Where did you acquire your pet?

Has your pet ever attended a kennel or daycare? If yes, how was the experience?

Does your pet experience anxiety when boarded? If yes, please explain.

Has your dog ever experienced colitis or urinary tract infection? If yes, please explain.

Has your dog been injured at a facility or dog park? If yes, please explain.

Has your dog injured another animal or person at a facility or dog park? If yes, please explain.

Initial here: _____

Has your dog ever bitten any dog or person in any circumstance? If yes, please explain scenario and the type of bite (soft, hard, broken skin, etc.)

Initial here: _____

Does your dog guard toys or food? If yes, please explain.

What situations may cause your dog to become unfriendly or fearful? *Touching the dogs neck* *Taking food or toys away*
Bathing/Nail Clips *Other, please explain.*

Does your dog guard particular spaces (barky, threatening behavior, etc)? If yes, please explain.

Has your dog had any training? If yes, please explain.

What does your pet enjoy (ball play, running, cuddles, etc)? Please explain.

SIGNATURE: