

# Pet Doctor Boarding & Day Care Welcome#

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Date \_\_\_\_\_

## Client Information:



Owner's Name: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Spouse/Significant other: \_\_\_\_\_

Spouse/Significant other Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Additional authorized person's to pick up my pet:

1. \_\_\_\_\_ Phone #: \_\_\_\_\_

2. \_\_\_\_\_ Phone #: \_\_\_\_\_

\*I authorize \_\_\_\_\_ to also make medical decisions regarding my pet should I not be able to be contacted.

How did you learn of our kennel:

\_\_\_ Previous Client \_\_\_ Yellow pages \_\_\_ Sign \_\_\_ Website \_\_\_ Newspaper \_\_\_ Fox TV

\_\_\_ Radio \_\_\_ WBTW \_\_\_ Town Planner \_\_\_ Drive By \_\_\_ Other \_\_\_\_\_

If recommended, by whom? \_\_\_\_\_

## Patient Information

If you have a copy of your pet's previous medical history, please provide a copy to the receptionist or provide your previous veterinarian's information below so we may contact them.

Current Veterinarian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of pet: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Microchip: Yes No # \_\_\_\_\_

Spayed/Neutered Yes No

\*We require all pets to be spayed or neutered before admittance for boarding, day care or grooming.

\*All pets must also have yearly exam by a veterinarian, heartworm test, Rabies, DHLPP, and every 6 months have a Bordetella and fecal exam.



See our website for other boarding policies

Thank you for allowing us to care for your pet. Please feel free to ask any questions at any time!

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## About My Pet:

Any previous medical conditions we should know about: \_\_\_\_\_

Any old injuries: \_\_\_\_\_

Pet's current medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Flea Preventative: \_\_\_\_\_ Due Date: \_\_\_\_\_

Heartworm Preventative: \_\_\_\_\_ Due Date: \_\_\_\_\_

**\*Should fleas be found on your pet at any time during their stay, they will be treated at the owner's expense.**

What is pet's current diet: \_\_\_\_\_ Is it Dry \_\_\_ Canned \_\_\_ Both \_\_\_\_\_

Amount Fed: \_\_\_\_\_ Frequency Fed: \_\_\_\_\_

\*Food can be provided to your pet at an additional cost if preferred.

My dog has a tendency to chew things: Yes No What: \_\_\_\_\_

My dog's is crate trained? Yes No My dog is housetrained? Yes No

My dog has thunderstorm/loud noise phobia? Yes No Explain: \_\_\_\_\_

My dog has a fear of men/women? Yes No Explain: \_\_\_\_\_

My dog gets along with other dogs? Yes No Explain: \_\_\_\_\_

My dog has anxiety? Yes No Type: \_\_\_\_\_ Behavior: \_\_\_\_\_

Has your dog ever climbed/jumped a fence? Yes No If so, how high: \_\_\_\_\_

My dog is food aggressive? Yes No

Are there any areas that your dog does not like to be touched? Yes No Where: \_\_\_\_\_

My dog gets muzzled when we go to the vet? Yes No My dog growls? Yes No

My dog likes to jump up on people when excited? Yes No

My dog likes to wrestle with other dogs during play? Yes No My dog shares toys well? Yes No

My dog likes to dig? Yes No

My dog passive urinates? (Excitement pee) Yes No

\_\_\_\_ Should your pet destroy a bed while vacationing with us you will be responsible for the cost to replace (up to \$75 value).

*Tours provided upon request and notice (tour hours are between 11 am – 2 pm)*

**\*50% payment due at time of drop-off if staying more than 1 night\***

How do you plan to pay for your pets stay?

\_\_ Visa \_\_ MasterCard \_\_ Discover \_\_ Am Express \_\_ Cash \_\_ Care Credit \_\_ Check

**\*\*\* We do not accept out of state checks or checks from 1<sup>st</sup> time clients\*\*\***

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