



*Client & Pet Information*

Pet(s) Name: \_\_\_\_\_ Age or DOB \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_ Age or DOB \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Human's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Alternate Human: \_\_\_\_\_

Alt. Human Phone: \_\_\_\_\_

Alternate Human Email: \_\_\_\_\_

Veterinary Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Check-in Date: \_\_\_\_\_ Check-out Date: \_\_\_\_\_



*About Your Pack (Complete one form per dog)*

Dog's Name: \_\_\_\_\_

Is this your dog's first time boarding? Yes  No

If your dog has boarded or attended daycare in the last month, where?

\_\_\_\_\_

Has your dog had pack play experience (example: dog parks, daycare)? Yes  No

Does your dog display any of the following behaviors?:

excessive barking

digger

excessive mounting

food aggression

fear of thunderstorms

coprophagia (poop eater)

fence climber or jumper

people shy: male  female

separation anxiety

stool changes when nervous?

toy possessive

people aggressive

Other behaviors we should be aware of? \_\_\_\_\_

Sleeping arrangements:

Crate: XL  LG  MED/LG  MED

Loose: Tall Gated  Regular Gated  Closed Door  4x4  4x6  4x8

Special Dietary Requirements: Grain-Free  Raw Diet  Other  \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Feeding Schedule: (example 1 cup 2 x day):

\_\_\_\_\_

Medication Schedule:

\_\_\_\_\_



About Your Pack (Complete one form per dog)

Dog's Name: \_\_\_\_\_

Is this your dog's first time boarding? Yes  No

If your dog has boarded or attended daycare in the last month, where?
\_\_\_\_\_

Has your dog had pack play experience (example: dog parks, daycare)? Yes  No

Does your dog display any of the following behaviors?:

- excessive barking, digging, excessive mounting, food aggression, fear of thunderstorms, coprophagia, fence climber or jumper, people shy, separation anxiety, stool changes when nervous, toy possessive, people aggressive

Other behaviors we should be aware of? \_\_\_\_\_

Sleeping arrangements:

Crate: XL, LG, MED/LG, MED

Loose: Tall Gated, Regular Gated, Closed Door, 4x4, 4x6, 4x8

Special Dietary Requirements: Grain-Free, Raw Diet, Other

Food Allergies:

Feeding Schedule: (example 1 cup 2 x day):

\_\_\_\_\_

Medication Schedule:

\_\_\_\_\_