

Mt View Dog Ranch; Each Trip Information

Info sheet for (animal name(s)): _____

Owner name: _____

Trip communication phone number: _____

Email ok for non-emergency communication: Yes _____ Not checking email _____

First day of visit (day, date & time): _____

Last day of visit (day, date & time): _____

Trip location, itinerary & flight return schedule: _____

Feeding/med/supplement/allergies/other instructions: _____

Can your dog(s) jump or climb 5 feet? Yes _____ No _____; if yes explain above

Can your dog(s) be mixed w/other dogs? Yes _____ No _____, Do they go to off leash parks? Yes _____ No _____,

Can your dog(s) have toys left in their room? Yes _____ No _____, Limited: _____,

Mt View Dog Treats:

Any Treats or Canned Food: Yes _____ Only feed below items selected _____ Do not feed any Mt View food _____

(if your animal has allergies please make sure and list all foods that they can and cannot have)

Dried chicken: Yes _____ No _____; (dried chicken is our main treat and the pups just love them ☺)

Other dried meats: Yes _____ No _____; Dried fish treats: Yes _____ No _____; Grain based treats: Yes _____ No _____

Veggie based treats: Yes _____ No _____; Canned food to enhance dry food (small amount of rice (chicken or lamb)): Yes _____ No _____;

Pumpkin for upset tummies: Yes _____ No _____; Peanut butter (for pills): Yes _____ No _____; Cheese wiz (for pills): Yes _____ No _____;

Large beef knuckle bones left in their room: Yes _____ No _____; (we don't provide rawhide or pig ears)

General Information To Be Kept On File:

Owner's Name: _____

Address: _____

City/Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email(s): _____

Employer: _____

Veterinarian & Emergency Contacts:

Veterinarian Name: _____

Address: _____

Phone: _____ email: _____

Personal Emergency Contact(s)

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Name/Relationship: _____ Phone: _____

Animals Boarded

Animal Name: _____

Age: _____ Sex: _____ Spayed/Neutered? Y: _____ N: _____ Color: _____

Species/Breed: _____

Animal Name: _____

Age: _____ Sex: _____ Spayed/Neutered? Y: _____ N: _____ Color: _____

Species/Breed: _____

Animal Name: _____

Age: _____ Sex: _____ Spayed/Neutered? Y: _____ N: _____ Color: _____

Species/Breed: _____

Dog Information:

1. Does your dog(s) dig under fences? Yes _____ No _____;
a. If you select yes we will need to watch your dog very closely or leave them inside when they are not under supervision.
2. Can your dog(s) jump or climb 4 feet? Yes _____ No _____, 6 feet? Yes _____ No _____;
a. Our large play field is fenced with 4 foot high fencing and our exercise area is fenced with 6 foot high fencing, if you select yes for either height we will not leave your dog unsupervised in those areas.
3. Does your dog chase cats or chickens? Yes _____ No _____; if yes have they ever hurt them? Y__ N __
If Yes, please describe: _____
4. Has your dog ever growled at someone with aggression? Y ____ N____ if Y, who and what where the circumstances?

5. Has your dog ever bitten someone (humans/dogs)? Y ____ N____ if Y, who and what where the circumstances?

6. Does your dog(s) bark more then a normal warning or during play? _____
a. If so how do you keep them quiet: _____
(if your dog does bark excessively MMR will follow the barking process as outlined on the MMR web site under policies.)
7. What type of exercise & how many min/hours does your dog participate in per day (walking, hiking, running, dog parks)?
M – F : _____ Sat/Sun: _____
8. Is your animal ever destructive? When left alone? To what? Blankets? Beds? Pillows? _____

(if yes please provide your own beds and blankets, additional charges may occur if beds are destroyed)

Feeding, Diet, and Medications

For feeding, diet and medications; please fill out the "Each Trip" form for every visit as requirements may change from trip to trip. The below is for history or more detailed information and will be kept on file.

Brand and type of food used in the past and any adverse reactions:

(please provide your own food, this ensures that your fur-kid maintains consistent feeding program)

(Dry, Canned, Fresh/Frozen): _____

Any adverse health history with food? No _____ Yes _____

Allergy History (for allergies please make sure to select what they can and cannot have on the every trip form):

Medications and Supplement History: _____

Medical Conditions, Bad Backs, Other Info: (hip dysphasia, arthritis, hearing, seeing, other physical challenges)

Health & Grooming :

Do your animals have any problems with fleas? Are they on any kind of flea treatment? _____

Does your animal like to be combed or brushed, have any sensitive spots on the body? _____

Other: _____

Diarrhea History

Many pups get diarrhea from time to time, at Mt View we provide pumpkin, herbal supplements and oats/rice to help bring the digestive track back to normal. Please let us know your animals history and when we should be concerned about diarrhea. If we feel your animal needs to see a vet, we will take them per your contract, but for most cases treating at Mt View is our first step, the below info will help us take care of your pup.

Never has had it or rarely, but try home treatments before worry: _____

Sometimes gets it, most times not a worry, try home treatments before worry: _____

Common with food/environment changes, most times not a worry, try home treatments before worry: _____

Only gets it when very sick, please take to vet right away: _____

History and other information: _____

Extra History for Animals Boarded

1. How long have you had your animals? _____

2. Where did you get your Animals? _____

3. If your animal was adopted do you have any knowledge of past history? If yes please provide anything that may help us take care of them _____

4. How many people live in your house? _____ adults _____ Children
 - a. Do your animals have any fears or issues with children or men? _____
5. Are there other animals in your household?
 - a. Dogs? _____
 - b. Cats? _____
 - c. Ferrets/Rabbits/small animals? _____
 - d. Farm Animals? _____
6. How do your animals get along with other resident animals? (ignore, chase, play, sleep with, fear?)
 - a. Any info that may help us take care of your fur kids? _____

7. Do your animals have any problems with separation or being left alone? _____

8. Is your dog crate trained? Does he spend time in a crate? Do you want him to be in a crate at night? _____

9. Where do your animals sleep at night when at home? _____
10. What kind of games, tricks, and toys does your animals like? _____

11. Does your dog have any special commands for Come, Bathroom, Quiet? _____

12. Training techniques used: _____

13. Has your dog ever growled or snapped at anyone who's' taken his food or toys away from him? _____

14. Does your animal have problems with any of the following, if yes how do you handle the behavior?
- a. Mouthiness
 - b. Jumping up
 - c. Housebreaking
 - d. Barking
 - e. Digging
 - f. Ignoring commands
 - g. Other?
15. Is your animal frightened by any noises? If yes how do you help them?
16. If you selected socialization or leashed outing please fill out the following:
- a. Do you think your dog is dominant ____, submissive ____, or somewhere in between ____?
 - b. Is your dog used to being around other dogs? Y ____ N ____
 - c. Does your dog go to off leash parks? Y ____ N ____
 - d. Does your dog play with neighbor or friends dogs? Y ____ N ____
 - e. How does your dog react to other dogs? Ignore ____ Play ____ Fear ____
 - f. Is there any size, shape, color, breed of dog that your dog LIKES more then others? Y ____ N ____
 - i. If Yes, please describe _____
 - g. Is there any size, shape, color, breed of dog that your dog DOES NOT like or FEARS more then others? Y ____ N ____
 - i. If Yes, please describe _____
 - h. What kind of games does your dog like to play with other dogs?
 - i. Other info to help play with other dogs? _____
17. Anything else that may help us take care of your animal friends during their stay? _____
- _____
- _____
- _____
- _____

Thanks so much for filling out this form; it will help us take care of your animal friends during their stay,

Mark Frederick
 Zuzi Kovalova
 1916 Newberg Rd
 Snohomish WA 98290
 206-409-0299

Cindy Hill,
 360-794-6388
 425-971-3527