



Country Roads Boarding Kennels

Pet Profile

Pet's Name: _____

Family Name: _____

Age: ___ Gender: M or F Spayed or Neutered

Breed: _____

Vaccinations:

Note: We need veterinary proof that vaccinations were administered at least 10 days prior to boarding

Behaviors:

Does your pet have aggressive tendencies (food, males, females, possessions etc.?) Yes No Sometimes

Please detail: _____

Does your dog enjoy playing with/being in the company of other dogs?
Yes No Please detail:

Food/Feeding:

Food quantity per meal: _____

Is your pet fed: Morning Evening Both

Permission to have treats? Yes No

Special Instructions: (Supplements, add water, etc.) _____

Medical conditions/allergies/medications

Please detail: _____
