**YOUR PET PROFILE INFORMATION** – PET # \_\_\_\_

Type of pet \_\_\_\_Cat\_\_\_\_Dog Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spayed/Neutered \_\_\_\_\_YES\_\_\_\_\_NO Gender \_\_\_\_\_Male\_\_\_\_\_Female Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Color:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VACCINATIONS:**

Method of Flea/Tick Control \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Heartworm Prevention \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Rabies (Dogs/Cats) – Date \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_DHLPP (Dogs) - Date \_\_\_\_\_\_\_\_

\_\_\_\_\_Bordetella (Dogs) – Date \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_FVRCP (Cats) – Date \_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_Yes\_\_\_\_\_No If yes, please make sure to fill out the reservation form with medications listed.

**YOUR PETS TEMPERAMENT**:

Is your pet afraid of thunder? \_\_\_\_\_Yes\_\_\_\_\_No Has your pet been boarded before? \_\_\_\_\_Yes\_\_\_\_\_No

Does your pet protect His/Her food? \_\_\_\_\_Yes\_\_\_\_\_No

Does your pet experience seizures? \_\_\_\_\_Yes\_\_\_\_\_No If yes, please describe frequency, severity, cause, and pre-occurring behaviors.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet a: \_\_\_\_\_jumper\_\_\_\_\_climber\_\_\_\_\_digger\_\_\_\_\_chewer\_\_\_\_\_puller\_\_\_\_\_fighter (check all that apply)

Preferred activities: \_\_\_\_\_Walk \_\_\_\_\_Nature Walk \_\_\_\_\_ Individual Play \_\_\_\_\_Group Play

Has your pet ever exhibited aggressive behavior towards people, pets, or other animals? \_\_\_\_\_Yes \_\_\_\_\_No

If yes please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_