



K9 TO 5 & BEYOND

General Questions

Do you choose:

_____ Traditional Boarding _____ Socialized Boarding

Pet Name: _____
First & Last

Nicknames _____

Age: _____ Breed: _____

Sex: _____ Spay/Neuter _____

Birthdate: _____ Weight _____

Parent Information:

Name: _____
First & Last

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

In case of emergency please list a number where you can be reached

Emergency Contact (Someone we can contact if you cannot be reached)

Name: _____
First & Last

Phone Numbers: (List in calling order)

Please notify above person that you are listing them as a non life-threatening emergency contact and in case you can not be reached they have permission from you to make decisions about your pet on your behalf.

In a life threatening emergency, your pet will be taken to the nearest veterinary clinic.

Medical:

Vet Clinic Name _____

Vet Phone Number _____

Is your pet currently under veterinary care for any health concerns? If yes list

Is your pet currently taking any medication? If yes list medicine and dosage.

If yes to above explain how you administer the medication:

Is your pet currently using a flea and tick product? Which type and when was it last administered? _____

Feeding:

How often do you feed your pet during the day? _____

How much food per each meal? _____

At what times does your pet get fed?

_____AM _____Afternoon _____Evening _____All Day

Treats:

What treats, if any, does your pet receive? Please check those that apply.

_____ Greenies _____ Dog biscuits _____ Hard bones

_____ Raw hides _____ other please list _____

When are treats given? _____

Bathroom:

How does your pet let you know he/she needs to go outside? _____

Is your pet's bathroom breaks done on a schedule? If yes please specify.

Does your pet have regular accidents in the house? What steps do you take to prevent that problem? _____

Sleeping:

Where does your pet sleep?

_____ in your bed _____ in their own dog bed _____ kennel

_____ other Please explain. _____

Emotions:

Does your dog have any fears? Please list _____

Has your dog ever shown any signs of aggression towards people or other animals?
Please explain the circumstances. _____

Grooming/Petting:

How often do you brush your pet? _____

Is there any areas your pet does not liked to be touched? _____

Are there special shampoo's you use when bathing your pet? _____

Socialization:

Has your pet been able to socialize with other pets before? Please check those that apply.

_____ off leash dog park _____ canine buddies at home

_____ group obedience classes _____ other (please list)

Seniors:

In the unlikely that your senior pet passes away, how would you like the situation handled? _____

Is there any other information you would like me to know about your pet?
