



Lake Wylie Dog Boarding

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We are excited to welcome your dog to Lake Wylie Dog Boarding! Please fill out the following form with accurate and up-to-date information to ensure your pet receives the best care during their stay.

Owner Information

- **Full Name:**

- **Address:**

- **City, State, Zip:**

- **Phone Number:**

- **Alternate Phone Number:**

- **Email Address:**

- **Emergency Contact Name:**

- **Relationship to Owner:**

- **Emergency Contact Number:**

Pets Information

- **Dog's Name:**

- **Breed:**

- **Age:**

- **Gender:** __ Male __ Female
- **Weight:**

- **Color/Markings:**

- **Veterinarian Clinic:**

- **Veterinarian's Name:**

- **Clinic Phone Number:**

- **Clinic Address:**

Vaccination

(Must be up-to-date)

- Rabies Vaccination Date: _____
- Distemper Vaccination Date: _____
- Bordetella (Canine Cough) Vaccination Date: _____
- Leptospirosis Vaccination Date: _____
- Parvovirus Vaccination Date: _____
- Canine Influenza (Optional): _____

Please attach a copy of your dog's most recent vaccination records.

Questionnaire

- Does your dog have any behavioral concerns (e.g., aggression, food guarding, anxiety)?:
__ Yes __ No
If yes, please describe: _____
- Has your dog ever bitten or shown aggression toward another dog or person?
__ Yes __ No
If yes, please describe: _____
- Can we give your dogs cheerios? __ Yes __ No
- How does your dog react around other dogs?: _____
- Does your dog have any fears or phobias (e.g., thunderstorms, separation anxiety)?:
__ Yes __ No
If yes, please describe: _____
- Is your dog currently on any medications?: __ Yes __ No
If yes, please provide detailed instructions for administering medication, including dosage and timing:
- Can we administer medication using treats (e.g., peanut butter, pill pockets)?: __ Yes __ No
- Does your dog have any allergies (food or environmental)?: __ Yes __ No
If yes, please list: _____
- Any special instructions we should know to ensure your dog's comfort?:

Additional Services (Optional)

- Would you like to add any additional services? (Check all that apply)
__ Extra Playtime

☐ Bathing/Grooming
☐ Individual Walks

Emergency Veterinary Care Authorization

In the event of a medical emergency, we will attempt to contact you or your emergency contact immediately. If we cannot reach you, do you authorize us to seek veterinary care for your dog?

☐ Yes ☐ No

In case of emergency, I authorize Lake Wylie Dog Boarding to take my pet to the veterinarian specified above or, if unavailable, to the nearest veterinary clinic.

Signature: _____

Date: _____

Media Consent

We love sharing pictures of our furry guests on social media and our website. Do we have your permission to photograph and share pictures of your dog?

☐ Yes ☐ No

Acknowledgment

By signing below, I acknowledge that I have provided accurate and truthful information. I understand that Lake Wylie Dog Boarding will care for my dog to the best of their abilities, and I agree to the terms and conditions outlined in the boarding agreement.

Signature: _____

Date: _____

