

# DOG BOARDING

## Client Intake Form



### CLIENT INFORMATION

Name:

Address:

Phone:

Email:

### EMERGENCY CONTACT DETAILS

Name:

Relationship:

Phone:

Email:

### DOG INFORMATION

Name:

Breed:

Age:

Weight:

Sex:

Colors/Markings:

Likes:

Dislikes:

Temperament:

Does your dog respond to the recall command?  Yes  No

Other Important Commands:

## DOG BEHAVIOR

Does your dog exhibit any destructive behaviors?  Yes  No

If yes, please elaborate:

Has your dog been looked after by someone else before?  Yes  No

If yes, please elaborate if there were any problems:

Has your dog shown aggressive behavior toward another person or dog?  Yes  No

If yes, please elaborate:

Feeding Instructions (Type of food, feeding time, and quantity):

Does your dog have any allergies?

If yes, please specify:

Playtime Instructions:

Is your dog potty trained?  Yes  No

How does your dog let you know that they need the toilet?

Is your dog afraid of anything in particular (e.g., fireworks, thunder, etc.)?

If yes, please elaborate:

Yes  No

## VETERINARIAN INFORMATION

Name:

Clinic Name & Address:

Phone:

Email:

## DOG HEALTH

Current Illnesses:

MEDICATIONS	CONDITION

Date of Last Flea/Tick Preventative:

Are your dog's vaccinations up to schedule?  Yes  No

Is your dog spayed/neutered?  Yes  No

Is your dog insured?  Yes  No

Policy Number:

Other Health Information:

## BOARDING SERVICES

Start Date:

End Date:

Drop-Off Time:

Pick-Up Time:

Items brought by owner:  Food  Treats  Bed  Leash  Bowl  
 Toys  Collar  Others:

Has your dog been to a boarding facility before?  Yes  No