

# 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