



Mel-O-D Lane Boarding Intake Form

Owners Name(s): _____ Dog Name: _____

Breed: _____ Age/DOB: _____ Sex (M/F): _____ Spayed/Neutered (Yes/No): _____

Your Vet's Name/Clinic: _____ Phone: _____

Please list the current expiration dates for the following vaccinations*:

Bordetella: _____ Distemper: _____

Flea & Tick Preventative: _____ Parvo: _____

Rabies: _____

*Vaccination documentation & medical records for past twelve months must be provided for all dogs that are with Mel-O-D Lane Boarding.

Is your dog crate trained? Yes / No

List any history of socialization/play with other dogs: _____

List any known incidents of aggression (dogs or people): _____

Feeding Instructions (amount of food, time of day, etc.): _____

Does your dog have any food allergies? If yes, please explain: _____

Medication Instructions (if any): _____

Additional information you want us to know: _____

Name _____

Signature _____

Date _____