

Answer all questions thoroughly and accurately. The health and safety of every guest and staff depends on it.

**Medical History:** Please fill out completely and to the best of your knowledge.

**Below is a list of information we will need verified by a licensed veterinarian.**

- Date of last physical exam by a veterinarian, must be within 1 year of visit.
- Date of last rabies vaccine, must be within 12 months if first vaccine or 36 months if subsequent vaccine.
- Date of last distemper virus, adenovirus/hepatitis, parainfluenza virus, parvovirus vaccine, must be within 12 months if first vaccine or 36 months if subsequent vaccine.
- Date of last leptospirosis vaccine, must be within last 12 months.
- Date of last Bordetella vaccine, must be within last 12 months
- Date of last canine influenza virus vaccine, must be within last 12 months
- Date and type of last heartworm prevention.
- Date and type of last flea prevention.

Does your pet have any known allergies? (example: Food, environmental, insects)

- No
- Yes, describe: \_\_\_\_\_

Does your pet have any history of illness, accident, or injury? (example: broken bones, Bordetella, vomiting/diarrhea, hit by car, abscess)

- No
- Yes, describe: \_\_\_\_\_

Does your pet have any chronic illnesses? (example: diabetes, seizure disorders, kidney disease, heart disease, irritable bowel)

- No
- Yes, describe: \_\_\_\_\_

Is the chronic illness well controlled?

- N/A
- No, describe: \_\_\_\_\_
- Yes, describe: \_\_\_\_\_

Is your pet on any regularly given medications?

- No
- Yes, describe: \_\_\_\_\_

Will we be administering medications during your pet's stay?

- No
- Yes- Fill out the supplemental medication form.

INITIALS \_\_\_\_\_

**Behavioral History:** Please fill out thoroughly and accurately. This will help us place your pet in the most suitable group play or individual play environment.

**Was your pet a “rescue” or adopted as an adult over 1 year of age?**

- No
- Yes, how long since adoption?: \_\_\_\_\_
- Describe if there are any unique resulting behaviors.: \_\_\_\_\_

**Has your dog played off leash with other dogs outside of the family?** Circle NO YES

Regularly? Circle NO YES

How was that experience? Circle GREAT OK NOT SO GOOD

Describe any behaviors that made you, as the owner, nervous: \_\_\_\_\_

**Has your pet ever been off leash outdoors, like at a dog park or the beach?** Circle NO YES

If yes, how did it go? \_\_\_\_\_

**Does your pet exhibit any anxiety while home alone (barking/pacing/destructive behaviors):**

- No
- Yes, please explain: \_\_\_\_\_

**Has your pet ever exhibited any signs of aggression to people or animals?**

- No
- Yes, please explain: \_\_\_\_\_

**Has your pet ever jumped or escaped a fenced area?:**

- No
- Yes, please explain: \_\_\_\_\_

**Does your pet exhibit any resource guarding with toys, water, people or food?:**

- No
- Yes, please explain: \_\_\_\_\_

What behaviors does your pet exhibit? Circle all that apply:

Barking Excessively	Dominance	Hyper-activity/ Over-excitement	Leash Pullins
Marking Inside	Play Biting	Poor Greeting Skills	Poor Potty Training Skills
Poor Recall-Runs Away	Separation Anxiety	Resource Guarding	Jumping up

INITIALS \_\_\_\_\_

**Triggers of Aggressive, Fearful, Out-of-Control Responses. Circle any triggers for your pet that lead to aggressive, fearful, out of control responses. Circle all that apply:**

Being picked up	Collar grasped	Children	Doorbells
Other dogs- general	Other dogs- certain type	Grooming tools	Hats and/or uniforms
Leashing	Loud Vehicles & noises	Medication Delivery	Men
Strangers	Vacuums/Mops/Brooms	Other:	

**Fixations, Obsessions or Phobias. Circle all that apply:**

Balls/Toys	Cats/Squirrels	Digging	Feces/Rocks Ingestion
Food/Treats	Insects	Protectiveness of handler and space	Reflections/shadows
Storms	Licking	Other:	

**Please inform us if there are any specific triggers that lead to any of the following excessive behaviors:**

\_\_\_\_\_ leads to biting/scratching

\_\_\_\_\_ leads to submissive urination

\_\_\_\_\_ leads to screaming/ crying out

\_\_\_\_\_ leads to barking

\_\_\_\_\_ leads to escape behaviors such as bolting through doors/gates, fence jumping, etc.

**Make it Like Home** Please fill out thoroughly and accurately. This is how we will make your pet's stay as close to home as we can while you are away.

**Is your pet allowed on the furniture at home?** Circle NO YES

**What command tells your dog to go to the bathroom outside?:** \_\_\_\_\_

**What activities does your dog enjoy? Circle all that apply**

Fetch with a ball	Fetch with a frisbee	Snuggles on the couch
Belly rubs	Water/hose/pool	Squeaky toys
Chewing	Treats	Other:

**Feeding Instructions:** *We recommend bringing food from home.* If you do not, we will feed Royal Canin Gastrointestinal Dry Kibble and/or Royal Canin Gastrointestinal Canned food.

**Are you bringing food from home?:** NO YES, type: \_\_\_\_\_

**What times of day does your pet eat?:** MORNING MID-DAY EVENING

**Directions:** Let us know about the amounts and timings of feeding.

**Can we give your pet extra treats?** (Milk Bone, Beggin Strips, Peanut Butter) NO YES

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

INITIALS \_\_\_\_\_