

Big Dog Sit & Stay – Dog Boarding Intake Form

Length of Stay

- Date and Time of Drop Off: _____
- Date and Time of Pick Up: _____

Owner Information

- Owner's Full Name: _____
- Phone Number: _____
- Email Address: _____
- Address: _____

Emergency Contact

- Name: _____
- Phone Number: _____
- Relationship to Owner: _____
- Authorized to Make Decisions for Dog? ☐ Yes ☐ No

Dog Information

- Dog's Name: _____
- Breed: _____
- Age: _____
- Weight: _____ lbs
- Gender: ☐ Male ☐ Female
- Spayed/Neutered? ☐ Yes ☐ No
- Color/Markings: _____
- Microchipped? ☐ Yes ☐ No – Chip # (if known): _____

Veterinarian Information

- Vet Clinic Name: _____
- Vet Phone Number: _____
- Address (optional): _____

Health & Medical

- Is your dog up to date on vaccinations? ☐ Rabies ☐ DHPP ☐ Bordetella ☐ Other: _____
(Please attach or bring a copy of vaccination records.)
- Is your dog currently on any medication? ☐ No ☐ Yes
 - Name of medication(s): _____
 - Dosage & schedule: _____

Feeding Instructions

- Brand and type of food: _____
- Amount per meal: _____
- Feeding times: ☐ AM ☐ Noon ☐ PM ☐ Other: _____
- Treats allowed? ☐ Yes ☐ No

Behavior & Temperament

- Is your dog friendly with:
 - Other dogs? ☐ Yes ☐ No ☐ Unsure
 - Strangers? ☐ Yes ☐ No ☐ Unsure
 - Cats? ☐ Yes ☐ No ☐ Unsure
- Is your dog crate trained? ☐ Yes ☐ No
- Does your dog have separation anxiety? ☐ Yes ☐ No
- Any fears, triggers, or quirks (e.g., thunder, loud noises, fireworks, certain people): _____

Comfort & Routine

- Sleeping preferences: ☐ Crate ☐ Dog Bed ☐ Blanket ☐ Open Space ☐ Other: _____
- Favorite toys or comfort items: _____
- Daily routines or calming strategies we should know about: _____

Additional Services & Permissions

- Do you give permission for the following (check all that apply):
 - ☐ Group play with other dogs. ☐ Off-leash play in secure areas
 - ☐ Emergency medical treatment if needed
- Please list any additional instructions or concerns: _____

Owner Signature & Consent

I certify that the information provided above is accurate and complete. I authorize the Big Dog Sit & Stay to care for my pet and make decisions in case of emergency as outlined.

Signature: _____

Date: _____