Big Dog Sit & Stay – Pet Boarding Intake Form

Length of Stay

- Date /Time of Drop Off: _____ Date/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

Pet Information

- Pet's Name: _____Breed: _____
- Age: _____ Weight: _____ lbs Color/Markings: _____
- Gender: ☐ Male ☐ Female Spayed/Neutered? ☐ Yes ☐ No
- Is your female currently in heat? ☐ Yes ☐ No
- Has your male marked indoors? ☐ Yes ☐ No
- Microchipped? ☐ Yes ☐ No – Chip # (if known): _____

Veterinarian Information/ Health & Medical

- Vet Clinic Name: _____
- Vet Phone Number: _____
- Address (optional): _____
- Is your dog up to date on vaccinations? ☐ Rabies ☐ DHPP ☐ Bordetella ☐ Flea/Tick ☐ 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

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: _____
  _____
  _____

Behavior & Temperament

- Is your dog friendly with: Other dogs? ☐ Yes ☐ No ☐ Unsure Cats? ☐ Yes ☐ No ☐ Unsure
  Children? ☐ Yes ☐ No ☐ Unsure Strangers? ☐ Yes ☐ No ☐ Unsure
- Any fears, triggers, or quirks (e.g., thunder, loud noises, fireworks, certain people): _____
  _____
- Has your dog had accidents indoors within the last 6 months? ☐ Yes ☐ No
- Is your dog crate-trained? ☐ Yes ☐ No
- How does your dog do when left alone? ☐ Relaxed ☐ Barks/whines ☐ Paces ☐ Scratches at doors
  ☐ Chews objects ☐ Attempts to escape ☐ Unknown
- Can your dog safely remain behind: ☐ Fenced Yard ☐ Baby gates ☐ Closed doors ☐ None of the above
- Has your dog ever: ☐ Growled, snapped, or lunged at a person or another animal?
  ☐ Bitten or injured a person or another animal? ☐ Escaped a fence, kennel, crate, or gate?
  ☐ Dug under fencing or barriers? ☐ Damaged doors, walls, furniture, windows, or flooring while left alone?
  If you answered "Yes" to any of these behavior questions, please explain:
  _____
  _____

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: _____
  _____
  _____

Home Boarding Acknowledgement

I understand that Big Dog Sit & Stay is a home-based boarding environment. While dogs are carefully supervised and introductions are made thoughtfully, my dog may see or interact with household members, resident pets, and other boarding dogs as appropriate. I understand that my dog must be able to safely function within a home environment. Initials _____

Property Damage

I understand that I am financially responsible for the repair or replacement of damage caused by my dog to Big Dog Sit & Stay's home, furnishings, fixtures, gates, fencing, landscaping, or personal property beyond normal wear and tear. Damage will be documented with photographs whenever possible. Repair estimates or receipts may be provided upon request. Initials _____

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: _____