



Dog Boarding Registration Form

Pet Owners Information: Please Print

Pet Owners Name: _____, Pet's Name: _____

Address: _____

Home Phone: ____-____-_____, Work Phone: ____-____-_____

Cellular Phone: ____-____-_____, E-Mail : _____

**If you wish, we will send out E-mails throughout your pet's stay, including pictures and comments on how he/she is doing, or you can relax and go to the Facebook Page at your leisure and check up on your pet family.

Please initial One of the below:

_____ Please send E-Mail updates

_____ Please do not send E-Mail updates

Emergency Contact Information:

We will always try to contact you as the Pet Owner first; however in the case of an emergency and if you cannot be reached, please provide the information of an emergency contact for your pet. You may leave more than one contact; we will take them in descending order. Emergency Contacts must be over the age of 18 and be within the Continental USA, reachable by phone and authorized to make decisions for your Pet. We don't expect anything to happen; however for the safety and health of your Pet please fill out the below accurately.

Name: _____, Relationship _____

Home Phone: ____-____-_____, Work Phone: ____-____-_____

Cellular Phone: ____-____-_____, Do they answer to Text Messages? _____ Yes, _____ No

Name: _____, Relationship _____

Home Phone: ____-____-_____, Work Phone: ____-____-_____

Cellular Phone: ____-____-_____, Do they answer to Text Messages? _____ Yes, _____ No

Name: _____, Relationship _____

Home Phone: ____-____-_____, Work Phone: ____-____-_____

Cellular Phone: ____-____-_____, Do they answer to Text Messages? _____ Yes, _____ No



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Veterinarian Information:

TBL,G will contact your Veterinarian first; however we will not hesitate to take the Pet Owners Pet to the Veterinary Clinic of our choice in an emergency situation that is deemed an Emergency by our staff. Pet Owner will be responsible and liable for any/all expenses incurred for Emergency Care of the Pet. _____ INT.

Veterinarian Name: _____, Phone #, _____ - _____ - _____

Vet Clinic/Practice Name: _____, After Hrs. Phone #, _____ - _____ - _____

Address: _____

Does anyone besides the Pet Owner have the authority to pick up the Pet from TBL,G stay for any reason. **Please Note:** Unless you have listed the individual's name below and they have a photo ID, we will not release your Pet into their care.

Name: _____, Relationship: _____

Name: _____, Relationship: _____

Pet Information:

Breed (Or Best Guess): _____, Age (Or Best Guess): _____

Sex: _____, Approx Weight: _____, Spayed/Neutered? Y / N,

Color: _____.

Is the Pet a Jumper, climber, or escape artist? _____, If yes please explain: _____

Is the Pet a Barker? _____, If so, can you cue him to be quiet? _____, How?

Does The Pet have any Food Allergies? Y / N, If yes please list:



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Does the Pet have any Physical Limitations or Medical Problems? Y / N Please list any and all:

Is the Pet on Medication? Y / N, If Yes please list all medications: Medication Form Attached: Y / N

Please also fill out the Medication form with our staff on the day the pet is dropped off to ensure that all Meds. Are administered properly during the Pet's stay

Has the Pet been seen by a Veterinary Clinic for any reason in the last 6 months? Y / N, If Yes, please list all visits in the last 6 months.

Does the Pet have any current injuries or incisions/sutures/staples? Y / N, Is Yes, please describe where they are located, why and when the injuries occurred:_____

Does the Pet shown signs of an asthmatic condition recently? Y / N, If Yes, please let us know how recent: _____

Is the Pet frightened of certain noises or actions? Y / N, If Yes, please let us know what they are and how the Pet reacts:

Is the Pet TOY, FOOD or DOG aggressive? Y / N, If Yes, please explain:



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Has the Pet ever Growled or Bitten another dog or person? Y / N, If Yes, please explain:

Is there anything else you would like us to know about Your Pet to make his stay as pleasant as possible?
Please include the Pet's daily routine and schedule.

I (Pet Owner) certify that the information provided in this registration Form and all other form
is true and as accurate as possible. By signing this form the Pet Owner is stating that he/she has
read, understands and agrees with all of the Terms and Conditions for Boarding at TBL'G.

Pet Owner's Signature: _____, Date: _____

Print Name: _____