

SHEPHERD'S GATE
DOG BOARDING SERVICES

Client Intake Form



Thank you for choosing us to care for your furry friend. To ensure we provide the best possible care, please take a few moments to fill out this client intake form. Your responses will help us tailor our services to meet your pet's unique needs.

Client Information:

Full Name: _____ Phone: _____
Address: _____ Email: _____

Emergency Contact Information:

Full Name: _____ Phone: _____
Address: _____ Relationship to Owner: _____

Dog's Information:

Dog's Name: _____ Breed: _____
Age: _____ Weight: _____ Vet's Contact Information: _____

Dog Boarding Services & Preferences (Please select that applies):

- | | | |
|--|---|--|
| <input type="checkbox"/> Standard Boarding | <input type="checkbox"/> Pampered Pooch Package | <input type="checkbox"/> Medical Care Package |
| <input type="checkbox"/> Deluxe Boarding | <input type="checkbox"/> Family Discount | <input type="checkbox"/> Early Drop-Off/Late Pick-Up |
| <input type="checkbox"/> Extended Stay Package | <input type="checkbox"/> Daycare Add-On | |

Preferred Check-In: _____ Preferred Check Out: _____

Please share any specific requests, preferences, or additional information you'd like us to know:

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How did you hear about us? ☐ Online ☐ Referral ☐ Social Media ☐ Others

Thank you for entrusting us with the care of your beloved pet!

We'll be in touch shortly to finalize the details and schedule your pet's boarding. If you have any immediate questions, feel free to reach out 281-330-8395

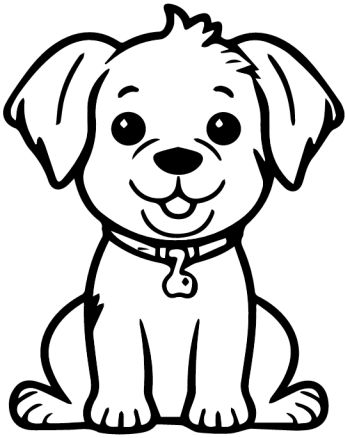
YOUR BUSINESS NAME

DOG BOARDING SERVICES

Information Profile



DOG INFORMATION SHEET:



Name : _____ Breed: _____

Date of Birth: _____ Age: _____

Color: _____ Weight: _____

Markings: _____ Gender: ☐ M ☐ F

Registration: _____ Microchip: _____

HEALTH HISTORY:

Any Known Allergies: _____ Any Known Medical Conditions: _____

Vaccinations: Date _____ Flea/Tick Prevention: Date _____ Other Medical Treatments: _____

☐ Up-to-date

☐ Needs Updating

☐

☐ Yes

☐ No

☐

DIETARY INFORMATION:

Type of Food: _____ Restrictions: _____

DOG HISTORY & PREFERENCES:

Preferred Toys or Activities: _____

Behavioral Traits: ☐ Energetic ☐ Shy or Reserved ☐ Playful ☐ Calm or Laid-back

Feeding Schedule: _____ Favorite Treats: _____

Please share any specific requests, preferences, or additional information you'd like us to know:

EMERGENCY CONTACT INFORMATION:

Veterinary Clinic Name: _____ Veterinarian's Name: _____

Address: _____ Phone: _____

Secondary Contact Name: _____ Phone: _____