

# Boarding Registration Form



## OWNER INFORMATION

Owner Name :  Home Number : \_\_\_\_\_  
E-Mail Address : \_\_\_\_\_ Cell Number : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
Co-Owner Name :  Home Number : \_\_\_\_\_  
E-Mail Address : \_\_\_\_\_ Cell Number : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Contact Name :  Home Number : \_\_\_\_\_  
Relationship : \_\_\_\_\_ Cell Number : \_\_\_\_\_  
Contact Name :  Home Number : \_\_\_\_\_  
Relationship : \_\_\_\_\_ Cell Number : \_\_\_\_\_  
Veterinarian :  Phone Number : \_\_\_\_\_  
Address : \_\_\_\_\_  
Pet Insurance :  Yes  No Policy Number : \_\_\_\_\_  
If yes, Pet Insurance Provider : \_\_\_\_\_

## OFFICE USE ONLY

Arrival Date : \_\_\_\_\_ Arrival Time : \_\_\_\_\_ AM/PM  
Departure Date : \_\_\_\_\_ Departure Time : \_\_\_\_\_ AM/PM  
#Pets Staying : \_\_\_\_\_ Total Days Boarding : \_\_\_\_\_  
Out of Country :  Yes  No Cell Service Available :  Yes  No  
Authorized Person to Pick-up & Drop off :   
Alternative Pick-up & Drop off Person :

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## DOG INFORMATION

Name :  Microchip # : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Age : \_\_\_\_\_ Weight : \_\_\_\_\_  
Breed : \_\_\_\_\_ Color : \_\_\_\_\_ Markings : \_\_\_\_\_  
Gender :  Female  Male Spayed/Neutered :  Yes  No

## MEDICAL INFORMATION

Vaccinations :  DHLPP Last administered  Rabies Last administered  Bordetella Last administered  
Flea & Tick : \_\_\_\_\_ Last administered Heartworm Prevention : \_\_\_\_\_ Last administered  
Known Health Conditions : \_\_\_\_\_  
Allergies : \_\_\_\_\_  
Current on Medications :  Yes- \*Please complete Medication Administration Form  No

## BEHAVIOR & TRAINING

Potty Trained :  Yes  No Usual Potty Times : \_\_\_\_\_  
Commands :  Sit  Stay  Come  Heel  Name Recognition  Down  
Other Commonly Used Training Commands Used : \_\_\_\_\_  
Has Your Dog Exhibited Any of The Following Traits :  
 Food Aggression  Possessive with toys, etc.  Aggressive Chewing  
 People Aggression  Leash Pulling  Separation Anxiety  
 Dog Aggression  Digging  Fence Jumping  
Is Your Dog Sensitive To Loud Noises (i.e. fireworks, thunderstorms, etc.) :  Yes  No

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## FEEDING INFORMATION

Does Your Dog Have Any Food Sensitivities :  Yes  No

If Yes, Please List : \_\_\_\_\_

Does Your Dog Eat :  Dry Food \_\_\_\_\_ Brand  Wet Food \_\_\_\_\_ Brand

Quantity : Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Treats : Brand \_\_\_\_\_ Quantity & Frequency \_\_\_\_\_

## PERSONAL ITEMS

The Following Items Are Being Left With My Dog :

Dry Dog Food \_\_\_\_\_  Blanket \_\_\_\_\_

Wet Dog Food \_\_\_\_\_  Pet Bed \_\_\_\_\_

Dog Treats \_\_\_\_\_  Bowl \_\_\_\_\_

Toy(s) \_\_\_\_\_  Other \_\_\_\_\_

Medication(s) \_\_\_\_\_  Other \_\_\_\_\_

## ADDITIONAL INFORMATION

Possessive with toys, etc.

If there is any additional information you feel would be important for us to know, please include it below :

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# Medication Administration Form



## MEDICATION LIST

1

Medication : \_\_\_\_\_

Condition : \_\_\_\_\_

Dosage : \_\_\_\_\_ Frequency : \_\_\_\_\_

Times Given : \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

Notes : \_\_\_\_\_

2

Medication : \_\_\_\_\_

Condition : \_\_\_\_\_

Dosage : \_\_\_\_\_

Times Given : \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

Notes : \_\_\_\_\_

3

Medication : \_\_\_\_\_

Condition : \_\_\_\_\_

Dosage : \_\_\_\_\_

Times Given : \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

Notes : \_\_\_\_\_

4

Medication : \_\_\_\_\_

Condition : \_\_\_\_\_

Dosage : \_\_\_\_\_

Times Given : \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM \_\_\_\_\_ AM/PM

Notes : \_\_\_\_\_

