

Overnight Stay and Daycare Questionnaire

Name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Your Veterinarian: _____ Vet's #: _____

Emergency Contact Person: _____ Phone: _____

Dog's Name: _____ Breed: _____ Color: _____ Sex: M F

What kind of dog food does your dog eat? _____

Does your dog have access to food 24/7? Circle one: YES NO

How many times a day do you feed your dog and what amounts at each feeding?

Please attach proof of vaccinations from your veterinarian showing proof of Distemper, Rabies, and Kennel Cough. We require the Kennel Cough vaccine to be boosted every 6 months. Please ensure your dog's shot records reflect a kennel cough vaccine within the last 6 months.

Your dog **MUST** be on a high quality form of flea and tick control provided by your veterinarian, **not your local store brand**. This will assure your dog does not get any fleas or ticks while on walks in grassy areas or around other dogs. It will also keep the facility free of fleas and ticks.

The dog will be inspected upon arrival if an infestation is obvious the dog will not be allowed entry. A \$25.00 quick kill charge will be assessed if the animal has to be treated while at the facility.

Brand of Flea and Tick control used _____

Date of Flea and Tick control last given _____

Date of next Flea and Tick Control due _____

Is your dog currently taking any medications? If so what kind and why? What is the current dose?

Is your dog afraid of thunderstorms? If so is he on any medication for this? What kind and what is the dose?

Does your dog have any chronic medical conditions we need to be aware of (heart failure, seizures, knee problems, etc.)? _____

Does your dog suffer from any allergies? If so what kind? _____

Can we give your dog treats while he is here with us? Circle One: YES NO

Does your dog have a sensitive tummy? (Ex. Easily gets diarrhea when he is excited or nervous. May get diarrhea if he eats greasy treats like pig ears. Throws up if he drinks too fast. ect.) _____

Is your dog crate trained? _____

Has your dog ever jumped over a fence? If yes please explain. _____

Has your dog ever dug under a fenced area to get out? If yes please explain. _____

Does your dog suffer from any separation anxiety? If yes please explain. _____

Is your dog destructive in any way? (ex. Shreds his bed or toys, is very strong chewer, only destructive when left alone etc.) _____

Is your dog aggressive or fearful of anything specific? (Ex. Fearful of children, cats, small dogs, big dogs, men, women people with masks or canes, ect.) If so please explain?

Has your dog ever shown signs of aggression or bitten anyone? If so please explain. _____

Has your dog ever been aggressive around other dogs? If so please explain. _____

Can your dog be trusted off leash? Circle One: YES NO

Any other comments or concerns that you want to share regarding your dog's care?

