



DOWNTOWN PUPS

Boarding Intake Form

Welcome to Downtown Pups! Please fill out this form to ensure we provide the best care for your furry friend.

Client Information:

Client's Name	
Address	
Phone Number	
Email Address	

Emergency Contact Information:

Emergency Contact's Name	
Relationship to Contact	
Emergency Contact Phone Number	
Authorized Pick-Up Persons (if different from the owner(s))	

Veterinary Information:

Name of your preferred veterinarian	
Veterinary Clinic Name	
Clinic Phone Number	



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Dog's Health Information:

Does your dog have any health conditions (e.g., allergies, injuries, or chronic illnesses)?	
Is your dog on any medications? (If yes list name, dose, & schedule)	
Date of Last Vaccinations (attach proof)	
• Rabies:	
• DHPP:	
• Bordetella:	

Dog(s) Information:

Dog's Name	
Breed	
Age	
Gender	
Weight	
Color/Markings	
Spayed/Neutered	



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Behavior & Personality:

How does your dog react to other dogs?	
How does your dog react to strangers?	
Does your dog have any fears or triggers (e.g., loud noises, specific objects)?	
Does your dog show any of the following behaviors? (Check all that apply)	
<ul style="list-style-type: none">• Excessive Barking	
<ul style="list-style-type: none">• Chewing	
<ul style="list-style-type: none">• Jumping Or Humping	
<ul style="list-style-type: none">• Escaping/ Climbing Fences	
<ul style="list-style-type: none">• Other	
How does your dog handle being away from home or separated from you?	
Boarding Add On: Check with reception for a list of all the amazing Add-ons for your pups stay!	



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Feeding & Care Instructions:

Feeding Schedule	
• Meal time:	
• Amount	
• Special Dietary Needs:	
Does your dog have any food allergies or restrictions?	
Preferred activities (e.g., fetch, tug, naptime)	

Policies & Acknowledgments:

1. Emergency Medical Authorization

In the event of an emergency, I authorize Downtown Pups to seek veterinary care for my dog. ☐ Yes ☐ No

2. Photo/Video Release

Photos and videos of your dog may be taken during their time at Downtown Pups and used for promotional purposes, including social media, website content, and marketing materials.

3. Boarding Policies

I acknowledge I have read and agree to the boarding policies provided on Paw Partner.
☐ Yes ☐ No

I certify that the information provided above is accurate to the best of my knowledge and agree to abide by the policies of Downtown Pups

Name: (Owner) _____

Signed:(Owner) _____ Date: __/__/____



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At Downtown Pups, we are committed to providing a safe, fun, and comfortable environment for all dogs in our care. To ensure smooth operations and a great experience for everyone, we ask all clients to review and adhere to the following policies and guidelines.

1. Operating Hours & Late Pick-Up Policy

Operating Hours:

Our boarding operates 365 days

Mon-Fri: 7am-6:30pm

Sat: 9am-3:30pm

Sunday: By Appointment ONLY

Late Pick-Up Policy:

- Dogs must be picked up or dropped off by 6:30pm Mon-Fri and 3:30pm on Sat
- A late fee of \$15 will be applied for every 15 mins past closing.
- If we cannot reach you or an authorized pick-up person by 7pm, your dog will be boarded overnight at an additional cost.

2. Cancellation & Refund Policies

Cancellation Policy:

Cancellations must be made with at least 72 hours' notice in advance. If you cancel with less than 72 hours' notice, the deposit is non-refundable.

3. Payment

Deposit:

A 25% deposit is due at the time of booking to secure your pet's reservation.

A valid credit/debit card must be put on file at the time of booking.

Payment:

The remaining balance is due in full at the time of check-out.

Accepted forms of payment: Cash, Check, Credit/Debit Card.

Late Fee:

A late fee per day will be applied for overdue payments.



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V e t e r i n a r i a n R e l e a s e

I, _____, hereby grant authorization to Downtown Pups to seek veterinary care for my dog, _____, under the following conditions:

Contact Information: I will furnish Downtown Pups with the contact details of my preferred veterinarian and an emergency contact person.

Emergency Care: Should neither I nor my emergency contact be reachable in a timely manner, I authorize Downtown Pups to seek emergency veterinary care for my dog if deemed necessary for their health, safety, and well-being.

Treatment Authorization: In case of an emergency, I authorize Downtown Pups to communicate with and seek guidance from the veterinarian, as well as to make decisions on my behalf regarding the health and well-being of my dog. This authorization extends to medical treatments, surgeries, diagnostics, procedures, and medication administration, among other necessary actions.

Treatment Fees: I acknowledge that I am liable for any and all veterinary expenses incurred for the care and treatment of my dog. I agree to promptly reimburse Downtown Pups for any reasonable and documented expenses accrued for emergency veterinary services.

By signing below, I confirm that I have thoroughly read and comprehended the aforementioned veterinarian release agreement.

Name: (Owner) _____

Signed:(Owner) _____

Date: ____/____/____