

New Client & Dog Intake Form

Thank you for choosing Howliday Inn! Please fill out one copy of this form for each dog you will be boarding so we can provide the best care possible for your pup.

Owner Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Authorized Alternative Drop-Off/Pick-Up Person

(must show ID)

Name: _____

Relationship: _____

Phone: _____

Veterinarian Information

Clinic Name: _____

Veterinarian: _____

Phone: _____

Address: _____

Dog Information

(Dog # _____ of _____)

Dog's Name: _____

Breed: _____

Age: _____

Weight: _____

Markings/Features: _____

General Disposition: _____

Energy Level: _____

Potty Break Special Needs: _____

Gender: ☐ Male ☐ Female ☐ Spayed/Neutered

Microchipped: ☐ Yes ☐ No

Health & Vaccinations

(please either attach current veterinary records or email to us separately)

Rabies Expiration Date: _____

Bordetella Expiration Date: _____

DHPP Expiration Date: _____

Medical Conditions/Allergies: _____

Medications (name, dosage, schedule): _____

Feeding & Care Instructions

Food Brand/Type: _____

Feeding Schedule: _____

Portion Size: _____

Treats Allowed? ☐ Yes ☐ No

Special Instructions: _____

Behavior & Socialization

Has your dog ever shown aggression? ☐ Yes ☐ No

Good with other dogs? ☐ Yes ☐ No

Good with children? ☐ Yes ☐ No

Favorite Activities: _____

Anything your dog dislikes or fears? _____

Photos

Would you like to receive daily photos of your dog(s)? ☐ Yes ☐ No

By signing below, I certify that the information provided is accurate and complete to the best of my knowledge.

Owner's Signature: _____ Date: _____