## New Client & Dog Intake Form

**Owner Information** 

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.

Name:
Address:
City/State/Zip:
Phone:
Email:
Boarding/Daycare Dates
Drop Off Date and Estimated Time:
Drop Off Date and Estimated Time:
Travel Contact Info
Phone Number or Email for Photos/Videos:
Time Zone (if different than FL):
Emergency Contact
Name:
Relationship:

## 

Address:

**Authorized Alternative Drop-Off/Pick-Up Person** 

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:
Portion Size:
Portion Size:
Treats Allowed? □ Yes □ No
Special Instructions:

Dog Information (Dog #\_\_\_\_\_ of \_\_\_\_\_)

## **Behavior & Socialization**

Has your dog ever shown aggression? $\square$ Yes $\square$ No
Good with other dogs? □ Yes □ No
Favorite Activities:
Anything your dog dislikes or fears?
Thunderstorm / Fireworks Anxiety?
Photos
Would you like to receive daily photos and videos of your dog(s)? $\square$ Yes $\square$ No
Would you allow posting of your dogs' photos on social media? $\Box$ Yes $\Box$ No
Activities
Daily leashed walks? ☐ Yes ☐ No
Swimming? (Life vests required and provided) $\square$ Yes $\square$ No
By signing below, I certify that the information provided is accurate and complete to the best of my knowledge.
Owner's Signature:
Date: