

Chenal Pet Palace / AR Pet Resort
Canine Information

Your Name _____

Spouse/Other _____

Street Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell # _____

Work # _____ Other # _____

Email _____

Veterinarian Clinic _____

Location _____ Phone # _____

Any other Responsible Party on Your Account _____ Phone # _____

This includes any person whom is authorized to pick-up and/or visit with your pets(s), and/or to make payments towards Chenal Pet Palace/AR Pet Resort.

Information about Your Canine Companion.

Please fill out individual information sheets for each pet staying with us.

Pet's Name _____ Breed _____ Color _____

Birthday/Age _____

Male or Female

Spay/Neuter?

Amount of Food Served at Feeding _____ cup(s) Please Circle: AM and/or PM or GRAZER

Instructions for Feeding _____

If more than one pet is staying in the same room, do they need to be separated to dine? Yes/No

Who is the more aggressive diner? _____

Pet's Behavior

How well does your Pet interact with other Pets? _____

Has your Pet **bitten** or **shown aggression** towards another pet or human? _____ If yes, please explain circumstance and/or cause _____

Has your pet EVER JUMPED or CLIMBED a FENCE? Yes or No

If answered yes to this question, your pet will be leashed at all times. We are not responsible for your pet, if it jumps our 6 foot fence.
Your pet can not board in a room with a dog door.

How or where did you get your dog? _____

If adopted, what do you know about your dog's past history? _____

Are there any other pets in your household? _____ If so, please list type, sex, and age _____

Who does your pet prefer to play with/hang around:

Women

Men

Children

Female Animals

Male Animals

Any other *kinds/types of people* your pet fears or mistrusts? _____

Any other *kinds/types of dogs* your pet fears or dislikes? _____

Does your Pet have Stranger Anxiety or Aggression? _____

Is your Pet possessive or aggressive towards feeding or toys _____

Pet's Health

Any Medication(s)? _____ Time(s) of Day Given: **AM and/or PM**

Allergies? _____

How do you control Fleas and Ticks on your Pet _____

Any Joint or Hip problems? _____ Any Restrictions? _____

Any Sensitive Areas on his/her body? _____

Any other comments or concerns that we as your pet's caretaker should be aware of _____

How did you hear about us? _____

