



Name of Pet: _____ Date: _____

Have you ever boarded your pet before? Y___N___

a) If yes, how did he/she do? _____

Does your pet have any medical concerns? Y___N___

If yes, please explain _____

Eating Habits:

1) It is normal for your pet to have a decreased appetite when away from home? Y___N___

a. If yes, how do you encourage your pet to eat? _____

2) What do you call treats? _____

Answer only if you have more than one pet boarding with us:

1) My pets will need to be fed separately: Y_____ N_____

2) My pets will need to be kenneled separately: Y___N___

3) My pets can go outside together: Y___N___

a. If no, please explain _____

Tell us more about your pet!

My pet:

___ Likes affection whenever it's given

___ Is ok with nail trimming (If applicable)

___ Likes affection on his/her terms

___ Is ok with brush grooming (If applicable)

___ Is a climber/jumper of fences

___ Is ok with bathing (If applicable)

___ Is nervous around new people

___ Can be nippy

___ Is a digger and will dig holes

___ Is afraid of loud noises

___ Is a chewer and may destroy things

___ Is an escape artist

Is your pet afraid of thunderstorms? Y___N___ If yes, does he/she have any medications?

(Type & Dosage) _____

Does your pet have anxiety? Y___N___ If yes, please explain _____

Is your pet kennel aggressive? Y___N___ If yes, please explain _____

Are there any areas on your pet's body that he/she does not like to be touched? (Ears, paws, tail, etc)

Patient:

Client:

Has your pet ever snapped at or bitten a person before? Y____ N____

If yes, please explain _____

Is your pet afraid of other animals? Y____ N____

If yes, please explain _____

Does your pet know any tricks? _____

What commands does your pet respond to best? (Stay, Sit, Go Potty, etc)

What kind of activities does your pet enjoy? (Fetch, Frisbee, Soccer, Chew toys, Tug of War, etc)
