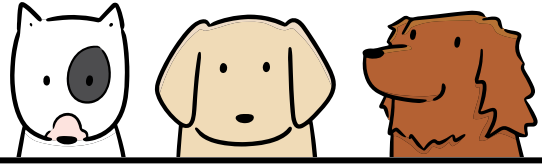


DOG BOARDING information form



OWNER INFORMATION

Owner's Name	Cell Number
Email	Home / Work Number
Postal Address	
Co-Owner's Name	Cell Number



EMERGENCY CONTACTS



Emergency Person's Name	Relationship	Cell Number
Veterinarian Clinic		Clinic Phone Number
Clinic Address		
Do you have Pet Insurance?	If Yes Name of Pet Insurance Provider	Pet Insurance Policy Number:
<input type="radio"/> Yes <input type="radio"/> No		

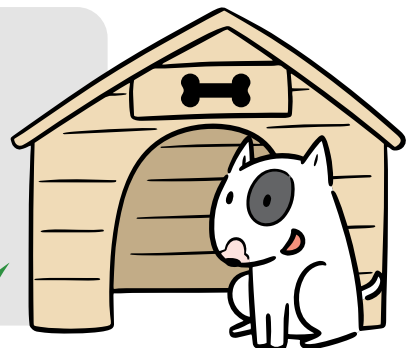
BOARDING INFORMATION

Dog Boarding Period	
Arrival Date:	Departure Date:
Number of dogs in household <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+	Dog's Name(s)
Dates you (Owner) will be away?	
From:	To:
Will you be out of the country? <input type="radio"/> Yes <input type="radio"/> No	Will you be out of cell reception? <input type="radio"/> Yes <input type="radio"/> No

DEAR FURPARENTS,

Your dog's well being and comfort are top priority!
Here are some appropriate items to bring for your dog's stay with us:

- **Food & Treats**
An adequate amount for your dog's boarding duration
- **Collar/Harness & Leash**
Attached with name & license tags (current to date)
- **Bed or Blanket**
Bringing familiar scents from home
- **Favourite Toys**
Playtime!



DOG INFORMATION

Multiple dogs in household: Please fill out one form per dog.

Dog's Name _____ | Age _____ | Sex Male Female

Weight _____ | Breed _____ | Colour / Markings _____

Fixed Neutered / Spayed None _____ | Microchip Number _____

Vaccinations DHPP Rabies Bordetella (Kennel Cough) Flea & Tick Treatment

Last vet appointment for vaccinations: _____

Known Health Conditions _____

BEHAVIOUR & TEMPERAMENT

Commonly Used Commands _____ | Usual potty times throughout the day _____

Favourite Activities _____

Social Temperament  Dog Friendly Dog Reactive Dog Aggressive  People Friendly People Reactive People Aggressive

Additional information regarding dog's behaviour & temperament

FEEDING INFORMATION

Meal Schedule Morning | Time: _____ Afternoon | Time: _____ Evening | Time: _____ Free Feed

Amount of Daily Food _____ | Food allergies, restrictions or sensitivities _____

Does your dog need medication? Yes No • If yes, please fill out Medication Administration Form.

Additional information dog regarding feeding