FRIENDLY FARMS PET RETREAT APPLICATION



OWNER INFORMATION

Name:					
Address:					
Telephone:	Work			_	
Email Address:	·				
				me and telephone nu	
	your veterinarian's				
PET INFO	RMATION				
Name:				Sex: M/F	
Age:	Bi	irthday:		Spayed/Neutered:	Y / N
Color:			Breed:		

Weight:	Microchipped: Y/N
Feeding Schedule:	
Brand and Type of Food:	Treats: Y/N
How long has your pet lived with you?	
Has your pet ever attended daycare or stayed	at a boarding facility?
	?
Currently on medication? If so, please describ	be and note frequency.
Is your pet regularly groomed? Y/N	
Does your pet receive regular flea and tick tre	eatments? If so, what kind and how often?
Are there any other animals in your househol	· ·
	nt:
How does your pet generally react to other an	nimals?
	rs?
	se describe.

Has your pet ever tried to escape by digging/jumping/climbing/running? If yes, please describe.

How often does your pet receive exercise?
Is your pet an inside or outside pet? House trained? Y / N
Does your pet play with toys? If so, please describe.
Is your pet toy or food possessive?
Is your pet kenneled when alone?
Would you be interested in learning more about our daycare program?
Is there anything more you think we should know about your pet?
ACKNOWLEDGMENT
I,, as the owner of the above described pet, attest that have answered the above questions truthfully and to the best of my knowledge.
Signature: Date:
FOR INTERNAL USE ONLY BELOW THIS LINE
Approved for group play: Assessment Performed By:
If no, explain: