



Boarding/Overnight Enrollment Form

Dog Info:

Dog's Name _____ Breed _____ DOB/DOA _____

Check all that apply: **Male** or **Female** **Neutered** or **Spayed**

Brand of Food _____ Feeding instructions _____

Veterinarian Clinic _____ Vet Contact # _____

Brand of flea preventive _____

List of any known allergies _____

Is your dog on any medications? **YES** **NO**

If yes, what kind? _____

Dog Profile:

How long have you owned your dog? _____

Does your dog: (Check all that apply)

DIG:

JUMP:

CLIMB:

BITE:

Has your dog had obedience training? **YES** **NO**

Is your dog storm sensitive? **YES** **NO**

Is your dog allowed to play in the kiddie pools on hot days? **YES** **NO**

Is your dog allowed to have, high quality grain-free treats, besides their own? **YES** **NO**

Does your dog have any known idiosyncrasies/ behavioral issues? **YES** **NO**

If yes, please list _____

Has your dog had any injuries or needed medical attention in the last year? (for example: broken leg, ACL repair, seizures) **YES** **NO**

If yes, please explain _____

May we text you pictures of your dog during their stay? **YES** **NO**

Cell # _____

Does anyone else have permission to pick up your dog, besides you, from their stay?

Is there anything else you would like us to know about your dog?

Owner's Signature: _____ Date: _____