

# Dog House Lodge



## Boarding Intake

Date: \_\_\_\_\_

Name of Dog: \_\_\_\_\_

### Contact Info

Owner's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Address: \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

### Dog Info

Dog's Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neutered? Y / N

Microchip Information (Brand/Number): \_\_\_\_\_

Weight: \_\_\_\_\_

Brand of food: \_\_\_\_\_ Feeding schedule & **amount**:

AM: \_\_\_\_\_ PM: \_\_\_\_\_

Does your dog have any food allergies? If yes, to what? \_\_\_\_\_

Does this dog get along with other dogs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want him/her socialized with other dogs during their stay here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does this dog get along with cats? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are his/her normal potty times:

AM \_\_\_\_\_ PM \_\_\_\_\_

Is this dog housetrained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this dog crate trained? \_\_\_\_\_ Yes \_\_\_\_\_ No When is he crated? (ie while you're away, at night time, etc.) \_\_\_\_\_

Where does this dog sleep? \_\_\_\_\_

Has this dog completed any obedience or specialty training? \_\_\_\_\_

Does this dog respond to commands when called? \_\_\_\_\_

Has he/she ever been boarded before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where? \_\_\_\_\_

Please indicate with an X if this dog has any of the following behaviors. The more information we have about your dog, the safer his/her experience will be!

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Jump                | <input type="checkbox"/> Separation Anxiety | <input type="checkbox"/> Climb              |
| <input type="checkbox"/> Run Away            | <input type="checkbox"/> Storm Anxiety      | <input type="checkbox"/> Chew               |
| <input type="checkbox"/> Dig                 | <input type="checkbox"/> Mark Territory     | <input type="checkbox"/> Excessive Barking  |
| <input type="checkbox"/> Food/Toy Aggression | <input type="checkbox"/> Food/Toy Guarding  | <input type="checkbox"/> Other (list below) |

Other behavioral issues: \_\_\_\_\_

Does this dog display any fear? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, of what? \_\_\_\_\_

Has this dog ever bitten a human or other pet? Y / N If yes, please describe circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Are there any legal actions or complaints filed or pending with respect to this dog? Y / N

### Medical Information:

Date of last vaccines: \_\_\_\_\_ Rabies Tag # \_\_\_\_\_

**A copy of this dog's vet record showing proof of Rabies, Distemper, and Bordatella are required for boarding or day care.** If you do not have a copy of these records, have your vet fax them to us at 407-288-8224 with this dog's name clearly marked. Vaccines must be less than 1 year old, but more than 14 days for Bordatella and more than 48 hours for Rabies and Distemper. NO EXCEPTIONS for the safety of all our guests.

Date of last flea/tick treatment: \_\_\_\_\_ Brand: \_\_\_\_\_

If this dog is currently taking any medications, please note name and dosage information below:

Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Is this dog allergic to anything? \_\_\_\_\_

Please indicate with an X if your dog has any of the following conditions.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Flea Allergy   | <input type="checkbox"/> Epilepsy          | <input type="checkbox"/> Hearing Loss  |
| <input type="checkbox"/> Food Allergy   | <input type="checkbox"/> Heartworm +       | <input type="checkbox"/> Limited Sight |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Immune Deficiency | <input type="checkbox"/> Arthritis     |

Other medical conditions or allergic to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ All dogs must be flea-free before entering our home/kennel. Your dog will be checked for fleas, and if any are found, he/she will receive a Capstar and we'll add \$5.00 to your boarding fee.

\_\_\_\_\_ I understand that my dog(s) may be co-mingling with other dogs under supervision. I realize that if my dog tries to bite a staff member, he/she may be muzzled and depending on the severity, may not be let outside for the remainder of his/her stay. I further understand that if my dog becomes aggressive with another pet while in boarding, he/she may not be allowed to interact with any other pets during his/her stay. I also realize that even though supervised, occasionally dogs get injured and I will be responsible for any veterinary bills incurred. I will also be responsible for any medical treatment needed if my dog ingests or gets injured by any material or objects from items left by me for my dog to have while in boarding.

\_\_\_\_\_ I understand that if my dog is not housetrained and/or has repeated accidents inside, or marks territory inside, he/she may be kept in a crate or Junior suite when unsupervised.

\_\_\_\_\_ I understand that if my dog has a strong offensive odor, rolls in something with an offensive odor, or defecates in-suite and walks through it, he/she may be given a bath at owner's expense. I also understand that with curly-haired dogs who do not have a 'sanitary' trim, they will sometimes become 'plugged' from poop getting matted in their hair at their anus. Kennel has my permission to bathe dog at my expense to try to remove the plug, and if unsuccessful, I understand my dog may be taken to the vet for an enema at my expense.

\_\_\_\_\_ Pets by their very nature, are often times nervous, fearful, and don't always use good judgment. As a result, they sometimes injure themselves while playing with other pets or over-reacting to being in a closed room. I will not hold Kennel responsible for any injury attained while in the care of the Kennel unless specifically caused by a staff member.

\_\_\_\_\_ In case of a medical emergency, Kennel will make every effort to contact the Owner. If we cannot make contact, we in our sole discretion, may engage the services of an emergency veterinarian or administer medicine or give other requisite attention to the animal, and the expenses thereof shall be paid by the Owner. This includes diarrhea, vomiting, choking, coughing as well as any other condition that suggests a contagious disease or other condition.

\_\_\_\_\_ Kennel owner has been professionally trained and is certified in Pet CPR/First Aid. I grant Kennel permission to administer reasonable life saving measures in the event of an emergency.

\_\_\_\_\_ Owner specifically represents to Kennel that this pet has not been exposed to rabies or distemper within a 30 day period prior to boarding.

\_\_\_\_\_  
Owners Signature

\_\_\_\_\_  
Printed Name of Owner