

## **BOARDING/GROOMING/DAYCARE APPLICATION**

Primary Client Information:

Client Name:										
Address:										
City:		State:	Zip Code:							
Phone:										
Valid Email Address:										
Secondary Client Information:										
Client Name:										
Phone:										
Valid Email Address:										
In Case of Emergency (Contact):										
Name:										
Address:										
City:		State:	Zip Code:							
Phone:										
Valid Email Address:										
Veterinarian										
Veterinarian Name:										
Address:										
City:		State:	Zip Code:							
Phone:	Fax:									

Name:  Age:  Date of Birth:  Breed:  Color:  Weight:  Brand of Food/Treats  M A E Amount (In Cups)  Get to Know Questions  Get to Know Questions  We add a small amount of Chicken Stock, Cheese, Peanut Butter or Pumpkin to your pet's food if he/she isn't eating well?  May we add a small amount of Chicken Stock, Cheese, Peanut Butter or Pumpkin to your pet's food if he/she isn't eating well?  May we use Cheese (if needed) to administer medications?  Is your pet allowed to have treats?  Has your pet boarded before?  Has your pet participated in Doggie Daycare before?  Is your pet housebroken or crate trained?  Does your pet play with toys?  Does your pet play wilth other pets?  Is your pet on flea preventative?  Ves No  Does your pet have any formal training or know commands?  Does your pet have allergies?  Is your pet twen allergies?  Is your pet "Toy Aggressive"?  Does your pet have any health issues?  Has your pet ever bitten a person?  Has your pet ever bitten another pet?  Has your pet ever bitten another pet?  Has your pet ever bitten another pet?  Is your pet afraid of storms?  Does your pet jump or climb fences?  Does your pet jump or climb fences?  Does your pet object to nall clipping?  Is there anything else you would like us to know about your pet?	Pet Information (one per pet):										
Color:  Brand of Food/Treats M A E Amount (In Cupe)  Get to Know Questions Yes No Note  May we add a small amount of Chicken Stock, Cheese, Peanut Butter or Pumpkin to your pet's food if he/she isn't eating well?  May we use Cheese (If needed) to administer medications?  Is your pet allowed to have treats?  Has your pet boarded before?  Has your pet boarded before?  Has your pet participated in Doggie Daycare before?  Is your pet housebroken or crate trained?  Does your pet play well with other pets?  Is your pet of flea preventative?  Pyes No  Does your pet have any formal training or know commands?  Does your pet have allergies?  Is your pet afraid of strangers?  Is your pet "Yoy Aggressive"?  Does your pet have any health issues?  Has your pet ever escaped his/her kennel?  Does your pet jump or climb fences?  Does your pet afraid of storms?  Does your pet afraid of storms?	Name:	Sex:				Sex:	Spayed/Neutered:				
Brand of Food/Treats   M   A   E   Amount (In Cups)   Special Feeding Instructions	Age:	Date of Birth:					Breed:				
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Signature: Date:	Is there anything else you would like us to know about your pet?										
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- J. G.	Signature:						Dat	e:			