



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:	

Pet Information (one per pet):

Name:			Sex:		Spayed/Neutered:		
Age:		Date of Birth:			Breed:		
Color:			Weight:				
Brand of Food/Treats	M	A	E	Amount (In Cups)	Special Feeding Instructions		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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?					<input type="checkbox"/>	<input type="checkbox"/>	
May we use Cheese (if needed) to administer medications?					<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet allowed to have treats?					<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet boarded before?					<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet participated in Doggie Daycare before?					<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet housebroken or crate trained?					<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet play with toys?					<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet play well with other pets?					<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet on flea preventative?					<input type="checkbox"/>	<input type="checkbox"/>	
					Yes	No	
Does your pet have any formal training or know commands?					<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet have allergies?					<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet afraid of strangers?					<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet "Kennel Aggressive"?					<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet "Toy Aggressive"?					<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet have any health issues?					<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet ever bitten a person?					<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet ever bitten another pet?					<input type="checkbox"/>	<input type="checkbox"/>	
Has your pet ever escaped his/her kennel?					<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet jump or climb fences?					<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet jump on people?					<input type="checkbox"/>	<input type="checkbox"/>	
Is your pet afraid of storms?					<input type="checkbox"/>	<input type="checkbox"/>	
Does your pet object to nail clipping?					<input type="checkbox"/>	<input type="checkbox"/>	
Is there anything else you would like us to know about your pet?							
Signature:						Date:	