

Guest Registration & Information Sheet

Pet Name: _____ Date: _____

Owner's Name: _____ Phone #: _____

Age: _____ Breed: _____

Gender: Male Female Neutered / Spayed

CHECK ALL THAT APPLY TO YOUR PET(S)

DOG

- Rabies
- Bordetella
- DHLPP (Distemper-Hepatitis-Leptospirosis-parvovirus-Parainfluenza)
- Corona
- Heartworm Prevention – type _____
- Flea & Tick Protection – type _____

CAT

- Rabies
- FIP (Feline Infections Peritonitis)
- FVRCP (Feline Distemper-Rhinotracheitis-Calici)
- FELV (Feline Leukemia)
- Heartworm Prevention – type _____
- Flea & Tick Protection – type _____

****We will need copies of up to date vaccination records to keep on file****

FOOD

We will be happy to serve meals to our guest (EN Intestinal diet) but meals brought from home are also welcome; please seal and label pet's food in sealed bag, container, etc.

FEEDING: (what do you do at home?)

Brand of Food: _____

Amount: _____

Times per day: _____

Morning: _____

Afternoon: _____

Night: _____

How does your pet usually spend his/her day:

Indoors _____% Outdoors _____%

Where does your pet sleep?

Crate _____ Sofa _____ Human's Bed _____ Own Bed _____
Dog House _____ Floor _____ Other _____

Is your pet housebroken or crate trained? _____

Does your pet use pee pads at home? Yes No

What is your pet's typical daily routine?

Has your pet been to a boarding facility before? Yes No

What did you and your pet like or not like about the experience?

Does your pet play well with others? Yes No

Has your pet ever received formal training? Yes No

If yes with who _____

Does your pet enjoy going for car rides? Yes No

Does your pet like to play in water? Yes No

How does your pet react when getting his/her nails clipped?

Is there any type of person, breed, size of dog, shape, sex, etc. that your animal doesn't like? Please be specific _____

