



Dog Boarding Intake Form

Owner Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Email: _____ Phone #: _____

Persons authorized to pick up pet other than pet owner: _____

Pet Information

Name(s): _____

Breed: _____

Color: _____

Male/Female: _____ DOB/Age: _____

Fixed?: _____

Approximate weight: _____

Veterinary Office: _____ Phone # _____

Is there anything your pet does not tolerate well?

Has your dog had prior interactive daycare, playgroup, or obedience training?

Is your pet on any medications?

| |
|----------------------------------------|
| Medication instructions: |
| Any Allergies? |
| Additional information we should know? |
| |
| |

Feeding

Typical feeding schedule/ amount: _____

Circle One

I have supplied my dog's food OR please provide food for my dog for \$3 per meal

Are treats OK? Yes/No

Boarding Information

Date dropped off: _____

Date for expected pickup: _____

Is your dog okay to play with and go for bathroom breaks with the other dogs? _____

If no, please explain: _____

Please list any items you brought from home: (We cannot guarantee the return of items in their original condition)
