Boarding Questionnaire

Pet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Arrival Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dogs: Please circle one

I **GIVE / DO NOT GIVE** permission for my dog to interact with other dogs.

Is your pet coughing and or sneezing currently: **YES NO**

If a cough develops, I **GIVE** permission to treat: \_\_\_\_\_\_ **Initial**

I understand I will have to pick up my pet at that time or make other arrangements: \_\_\_\_\_\_ **Initial**

Meals*:**\*\*House wet food will be charged per can\*\**

House \_\_\_\_\_ Owner brought \_\_\_\_\_\_ Wet\_\_\_\_\_\_ Dry\_\_\_\_\_\_ Amount/Cups per feeding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times a day? (Circle all that apply) **BREAKFAST LUNCH DINNER**

Any special instructions:

Has your fur baby already eaten today? If yes, please circle one: **Breakfast** / **Dinner.**

Medications: (If any)

Medication #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times per day: \_\_\_\_\_\_\_\_\_\_\_

Medication #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times per day: \_\_\_\_\_\_\_\_\_\_\_

Medication #3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times per day: \_\_\_\_\_\_\_\_\_\_\_

Time last medication given:

If he/she has not eaten their meal, may we entice them with wet food and if that doesn’t work may we give Entyce (appetite stimulant)? **Yes \_\_\_\_\_ No \_\_\_\_\_\_\_**

If he/she becomes anxious, may we give medication to calm them? **Yes \_\_\_\_ No \_\_\_\_**

**(Exam by our vet must be current)**

Grooming:(please check all that apply)

Bath:Medicated (fee if using our shampoo) \_\_\_\_\_\_ Oatmeal \_\_\_\_\_ Regular \_\_\_\_\_\_

Nail trim \_\_\_\_\_ Anal Glands Expressed \_\_\_\_\_\_ Ear Cleaning \_\_\_\_\_ Perfume **\_\_\_\_\_\_\_\_** Bandana **\_\_\_\_\_\_\_\_**

Extra Charge:

Mat Removal \_\_\_\_\_\_ Brush Out \_\_\_\_\_\_ Paw Pad Shave \_\_\_\_\_\_ Sani Trim \_\_\_\_\_\_\_\_ Ear Pluck \_\_\_\_\_\_\_

 (Top / Bottom / Both)

Refills Needed:Heartgard/Nexgard: \_\_\_\_\_\_\_\_\_\_ Nexgard/Bravecto: \_\_\_\_\_\_\_\_\_\_\_\_ Revolution: ­­­­\_\_\_\_\_\_\_\_\_\_\_

Other Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_