



ADDITIONAL QUESTIONS

ADDITIONAL QUESTIONS (*Please fill out this sheet for EACH of your dogs boarding with us*)

Dog's Name _____ Owner's Name _____ Date _____

1. Does your dog have any behavioral issues? (check all that apply)

- Jumping
- Biting
- Barking
- Growling
- Pulls on Leash
- Food Aggression
- Toy/Object Aggression
- Territorial Aggression
- Dog Aggression
- People Aggression
- Fear of Noises
- Fear of Storms
- Timid
- Anxious
- Skittish
- Shy
- Does Not Like to Be Touched
- Climbs fences
- Escape Artist
- Dislikes to Be Crated
- Chews/Eats Objects
- Destructive
- Picky Eater
- Eats too Fast
- My Dog has Access to Food all Day
- Other _____

2. Has your dog experienced any past medical issues, injuries, or illnesses? (check all that apply)

- Eye Issues
- Nail Issues
- Allergies
- Parasites
- Giardia
- Dental Issues
- Ear Infections
- Tick Borne Diseases
- Frequent vomiting
- Frequent Diarrhea
- Coughing/Upper Respiratory
- Urinary
- Skin or Coat Problems
- Surgery/Injury
- Other

please explain: _____

3. Is your dog experiencing any current medical issues? YES NO

please explain: _____

4. What other information should we know while your pet stays with us?

5. Describe your dog's general exercise program: Little exercise Occasional Walks Daily Walks

- Play Time in Your Yard (times per week) _____
- Dog parks (times per week) _____
- Intense exercise and running regularly
- Other _____



ADDITIONAL QUESTIONS

Please mark all services you wish your dog to have before returning home. *(provided at an additional fee)*

Groom: Deep Cleansing Bath, Facial, Conditioner, Nail Trim, Clean Ears, Blow Dry Nail Trim Only

Clip, Trim or Shave *(please explain)*: _____

Kennel Bath: Shampoo, Clean Ears, Blow Dry

6. What are you currently feeding your dog?

Brand/Flavor _____ Amount _____ Times per day _____

Reason for This Food Selection _____

If we run out of your dog's food can we use one of our brands of similar fat, protein, calories? YES NO

Where do you purchase your dog food in case we need to find it? _____

7. Is your canine on any medications or supplements? YES NO

If yes, please list meds, dosage and when to administer _____

Clients Initials _____ Employee Initials _____ Date _____