

DOG BOARDING APPLICATION

OWNER INFORMATION

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone where you can be reached: _____

E-mail Address: _____

EMERGENCY CONTACT INFORMATION (someone not traveling with you)

Name: _____

Phone: _____

DOG INFORMATION

Name _____ MALE _____ FEMALE _____

Breed: _____ Weight: _____ Age: _____ Birth Date: _____

Is your dog spayed/neutered? _____

MEDICAL INFORMATION

Veterinarian: _____

City: _____ Phone: _____

Does your dog take any medications? NO _____ YES - if yes, please list below

Will I be administering oral medications? _____ if so, please provide directions

Is your dog current on vaccines and flea/tick treatments? _____

ADDITIONAL INFORMATION

How often do you feed your dog? _____

Has your dog ever been cared for by a Sitter? NO _____ YES _____

What is your primary reason for bringing your dog for boarding?

Is there any person, dog, or situation that makes your dog uncomfortable?

NO _____

YES, if yes, explain: _____

Does your dog have any allergies, special needs, injuries or disabilities (past or present)?

NO _____

YES, if yes, explain: _____

Does your dog have any areas where they do not like to be touched?

NO _____

YES, if yes, explain: _____

Are there any restrictions on your dog's activities?

NO _____

YES, if yes, explain: _____

I, the undersigned, hereby acknowledge and agree that all of the information contained in this application is true and accurate to the best of my knowledge. I further attest that I am the sole owner of the dog for which this application has been completed and my signature is sufficient to enter into this agreement.

Owner/Guardian Signature _____

Date _____

