



Dogs Name: _____ Pet Parent Name: _____

Multi-Dog Family? Y / N

Eat Together? Y / N

House Together? Y / N

Total Bags	Breakfast	Lunch	Dinner
Food Instructions Amount per meal Wet or Dry			
Medication Name & Dosage Time & Reason			
Special Instructions or allergies			

*Bag and label each meal with your pet's name on it. Please add an extra bag just incase we run out. Treats are also welcome and will be given at no extra charges. Toys, blankets or personal items will be left with your pet for comfort.

Please check all your dog's favorite activities: Ball Frisbee "Keep Away" Tug o' War Cuddle Belly Rubs
 Brushing Massage Other _____

Bedding details: Does your pet eat linens, toys or bedding? Y / N If Yes explain: _____

Does your pet get any special treats or bones? Y / N If Yes explain: _____

What should we do if your pet runs out of food? FTLOD house food (Fromm Salmon) Y / N

*Note: if you prefer not to switch, we can shop for your dog's brand, charges for food/transportation will be due at pickup

Does your pet eat in a bowl at home? Y / N If No explain what type of container _____

Does your pet have any old or current injuries or health concerns? Y / N If yes, please explain: _____

Are there restrictions on your pet's movement? Y / N If yes, please explain: _____

Does your pet suffer from: Diabetes Heart Disease Seizures Arthritis
 Vomiting Diarrhea Separation Anxiety

Any additional information you would like to provide about your pet that we can accommodate for their best stay experience: _____



FUR SUITE B&B PET MAIN INTAKE

ALL CLIENT'S NEED TO FILL THIS FORM OUT ONE TIME

Pet Parent Name: _____ Referred by: _____

Contact Phone #: _____ Address: _____
Alt Phone #: _____ E-mail: _____

EMERGENCY CONTACT

Name of person: _____ Relation: _____

Phone #: _____ Will you be out of the country? YES or NO

PET PERSONAL CARE INFORMATION

Pet Name: _____ Breed: _____ Birthday or Age: _____ Spayed or Neutered
Yes or No

Describe any medical/physical or allergy problems or characteristics:

Can you tell us if your pet has any temperament issues such as shyness, fear or aggression? Please explain

Describe your pet's activity level: _____ Check all that describe your pet's personality: Howls, Barks, Clingy,
LOW MEDIUM HIGH _____ Outgoing, Verbally Sensitive, Aggressive, Playful, Fears Noise,
Affectionate, Excitable, Fence Jumper, Protective, Chewer, Digger

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_____ Initial – Date: _____ | _____ Initial – Date: _____ | _____ Initial – Date: _____
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