

Owner's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Veterinarian Office _____ Phone: _____

Name of Dog: _____ Breed: _____ DOB : _____

MALE or **FEMALE** Spayed or Neutered or **INTACT** Weight: _____ Color: _____

Has your dog attended daycare or been boarded before? YES or NO If yes where? _____

How did it go? _____

Is there anything you think we should know about your dog? _____

HEALTH

Has your dog ever had Kennel Cough? YES or NO If yes, when? _____

Has your dog been ill in the last 30 days? YES or NO If yes, explain: _____

Please describe any medical conditions, allergies or seizure history: _____

*If your dog has medications or supplements please fill out a Medication Administration form.

FEEDING

Eating habits: Cleans bowl Grazer Skips meals Eats with sibling Eats either AM **OR** PM

What type of vessel? Bowl Raised Feeder Slow Feeder Plate Floor Other: _____

AM: Brand: _____ Type: Dry Wet Other How much? _____

Brand: _____ Type: Dry Wet Other How much? _____

Lunch: Brand: _____ Type: Dry Wet Other How much? _____

Brand: _____ Type: Dry Wet Other How much? _____

PM: Brand: _____ Type: Dry Wet Other How much? _____

Brand: _____ Type: Dry Wet Other How much? _____

Special instructions: _____

_____ Initial/Date _____ _____ Initial/Date _____ _____ Initial/Date _____ _____ Initial/Date _____

_____ Initial/Date _____ _____ Initial/Date _____ _____ Initial/Date _____ _____ Initial/Date _____