



Dog Boarding Information Sheet

K9 Corral Bed & Breakfast

**Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner's Name: _____ Dog's Name: _____ Sex: M / F Date Altered: _____

Microchipped: Yes No Chip #: _____ Describe Collar: _____

Breed: _____ Colors/Markings: _____

Where did you get your dog: _____ How long have you owned dog: _____

Has your dog every attended a boarding facility: Yes No If yes, where: _____

Pet's Health Record (must be accompanied by veterinarian records):

Flea/Tick Preventative: _____ Date Last Given: _____

Any known allergies, medical problems or restrictions: _____

Has your dog been ill with any communicable diseases in the past month: Yes No

If yes, please describe: _____

Feeding Instructions:

What brand of food will you be supplying: _____

Feeding Time: _____

Quantity: _____

Treats: _____

Special Feeding Instructions: _____

Personality

Is it okay for your dog to play with other animals: Yes No

If yes, which breed of dog or type of animal does your dog get along with: _____

Is your dog possessive of toys or balls: Yes No

Does your dog have any aggressions toward other animals or people: Yes No

If yes, please describe: _____

Has your dog ever bitten or been bitten: Yes No

If yes, please describe: _____

Does your dog get frightened easily: Yes No

Does your dog try to escape: Yes No

Does your dog have a specific command for going to his/her kennel? _____

Where does your dog like/not like to be touched: _____

Anything else we should know: _____

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date