



NEW CLIENT BOARDING APPLICATION

Client Information

Name: _____

Full Address: _____
(Street Name, City, State and Zip)

Phone Number(s): _____

Email(s): _____

Emergency Contact Information

Name: _____

Full Address: _____
(Street Name, City, State and Zip)

Phone Number(s): _____

Email(s): _____

Veterinarian Information

Name: _____
(Vet name and Clinic name)

Full Address: _____
(Street Name, City, State and Zip)

Phone Number(s): _____
(including after hours number)

Email(s): _____

Pet Information

Name / Breed / Sex _____

DOB / Age / Spayed or Neutered _____

Vaccination Information

Rabies: (every 3 years) Month / Year: _____

DHLPP: (every 2 years) Month / Year: _____

Feeding Information

What does your dog eat? _____

Time Fed / Amount Fed AM and PM _____

Does your dog have any unusual eating habits? _____

Health and Grooming Information

Does your dog have any medical conditions? _____

Does your dog have any hip dysplasia or arthritis? _____

Does your dog have any allergies? _____

Does your dog have any fleas? _____

Does your dog like to be brushed? _____

How does your dog react to bathing? _____

Behavior Information

Is there anything your dog is afraid of? _____

How does your dog get along with other dogs? _____

Does your dog play with other dogs? _____

Has your dog ever growled at someone? _____

Has your dog ever bitten someone? _____

Does your dog ever climb or jump out of fenced areas? _____

Where is your dog when you are not at home? _____

Does your dog have any issues in the following areas: (please circle any that apply)

Mouthiness, potty training, barking, digging, jumping, running away, et.

If so, briefly describe: _____

Does your dog have any food or toy possessiveness? _____

Other: _____