

PRIVATE BOARDING INTAKE FORM



Owner's Name _____
(Last) (First) (MI)

Address _____
(Street) (City, State) (Zip Code)

Email Address _____ Home Phone _____

Cell Phone _____ Emergency Contact and Phone number _____ / _____

Employer _____ Work Phone _____

Spouse / Co-Owner _____
(Last) (First) (MI)

Cell Phone _____ Other Phone _____ Email Address _____

Employer _____ Phone _____

How did you hear about us? _____
(person's name, Google search, pet event, advertisement, other)

Pet No. 1

Pet No. 2

Name _____

Birth Date / Age _____ Male Female

Neutered ? Yes No

Species Cat Dog

Breed _____

Color _____

Date Last Vaccinated _____

Microchipped? Yes No

Veterinarian _____

Veterinarian's Phone _____

Any aggression problems? _____

Does your dog like to be petted, touched, brushed? _____

Does your dog jump fences, dig, chew excessively, run away, bite? _____

Is your dog good on a leash? _____

What is your dog's reaction to other pets, strangers, children? _____

Is your dog housebroken? _____

Feeding Instructions: _____

Current Medications _____

Name _____

Birth Date / Age _____ Male Female

Neutered ? Yes No

Species Cat Dog

Breed _____

Color _____

Date Last Vaccinated _____

Microchipped? Yes No

Veterinarian _____

Veterinarian's Phone _____

Any aggression problems? _____

Does your dog like to be petted, touched, brushed? _____

Does your dog jump fences, dig, chew excessively, run away, bite? _____

Is your dog good on a leash? _____

What is your dog's reaction to other pets, strangers, children? _____

Is your dog housebroken? _____

Feeding Instructions: _____

Current Medications _____

Pet No. 3

Name _____

Birth Date / Age _____ Male Female

Neutered ? Yes No

Species Cat Dog

Breed _____

Color _____

Date Last Vaccinated _____

Microchipped? Yes No

Veterinarian _____

Veterinarian's Phone _____

Any aggression problems _____

Does your dog like to be petted, touched, brushed?

Does your dog jump fences, dig, chew excessively, run away, bite? _____

Is your dog good on a leash? _____

What is your dog's reaction to other pets, strangers, children? _____

Is your dog housebroken? _____

Feeding Instructions: _____

Current Medications

Pet No. 4

Name _____

Birth Date / Age _____ Male Female

Neutered ? Yes No

Species Cat Dog

Breed _____

Color _____

Date Last Vaccinated _____

Microchipped? Yes No

Veterinarian _____

Veterinarian's Phone _____

Any aggression problems _____

Does your dog like to be petted, touched, brushed?

Does your dog jump fences, dig, chew excessively, run away, bite? _____

Is your dog good on a leash? _____

What is your dog's reaction to other pets, strangers, children? _____

Is your dog housebroken? _____

Feeding Instructions: _____

Current Medications

I hereby authorize Dog Days & Cat Naps to obtain records pertaining to the vaccination status of my pet(s) listed on this form. I acknowledge that the information I have provided about my pet(s) is true and correct to the best of my knowledge. I assume all responsibility for all charges incurred in the care of this animal. I also understand that all charges are due at the time services are rendered and a deposit may be required.

Signature of Person Responsible _____ Date _____

Dog Days & Cat Naps, LLC
52 Tuscan Way, Suite 202-330
St. Augustine, FL 32092

904-241-PETS (7387)
dogdays1@comcast.net
www.DogDaysCatNaps.com