



# Pampered Pups on Mill Creek



## Client Information:

Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Email: \_\_\_\_\_

## Alternate Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

## Pet Information:

Pet's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Spayed or Neutered: YES \_\_\_\_\_ NO \_\_\_\_\_ Last Heat Cycle: \_\_\_\_\_

## Veterinarian Information:

Vet Clinic \_\_\_\_\_ Veterinarian's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Vet Clinic's Phone Number \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_  
 Date of Last Fecal Exam \_\_\_\_\_

Rabies Last Administered: \_\_\_\_\_ Date Due: \_\_\_\_\_  
 DHLPP Last Administered: \_\_\_\_\_ Date Due: \_\_\_\_\_  
 Bordetella Last Administered: \_\_\_\_\_ Date Due: \_\_\_\_\_

Flea & Tick Preventive Last Given: \_\_\_\_\_ Brand Used: \_\_\_\_\_

## Pet Profile:

Has your pet ever been boarded? YES \_\_\_\_\_ NO \_\_\_\_\_  
 How was their experience? \_\_\_\_\_  
 Has your pet ever shown aggressive behavior towards humans or other dogs? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "yes" please explain: \_\_\_\_\_  
 Has your pet ever growled or snapped at anyone who is trying to take their food or toys away?  
 YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "yes" please explain: \_\_\_\_\_  
 Does your pet do well around kids? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "no: please explain: \_\_\_\_\_

Can your pet be let outside with other dogs? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like your pet to be included in group play in the lounge? YES \_\_\_\_\_ NO \_\_\_\_\_

Has your pet ever climbed a fence? YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" please explain: \_\_\_\_\_

How do you communicate "bathroom" to your pet? (e.g. "potty"): \_\_\_\_\_

Explain your pet's daily "bathroom" routine when they are with you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Tell us what time of day morning to night you let your pet outside throughout a day)

Where does your pet enjoy being petted? \_\_\_\_\_

Is your pet frightened by loud noises? (e.g. thunder): YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" please explain: \_\_\_\_\_

What games does your pet like to play with people? \_\_\_\_\_

What commands or tricks does your pet know? \_\_\_\_\_

Any other helpful information about your pet to help make their stay more comfortable?

\_\_\_\_\_

\_\_\_\_\_

**Food Information:**

Owners for all pets staying at Pampered Pups are requiring to bring food for their pet while they are staying with us. This is what is best for your pet to ensure their digestive system stays as stable as possible at our facility.

Brand of Pet Food you are bringing: \_\_\_\_\_

Amount of Food in Morning: \_\_\_\_\_

Amount of Food in Evening: \_\_\_\_\_

Feeding Directions (list quirks your pet may have): \_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

Does your pet have any health issues? YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" please explain: \_\_\_\_\_

Does your pet have any allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" please explain: \_\_\_\_\_

Does your pet take any Medications? YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" please describe (Type, Dosage, Times Administrated): \_\_\_\_\_

\_\_\_\_\_

I certify that I have answered all of the above questions to the best of my knowledge about my pet for its stay at Pampered Pups. Pampered Pups will use this information to care for my pet during its stay.

\_\_\_\_\_  
Signature of Owner/Guardian

\_\_\_\_\_  
Date