Client Information: Owner's Name Phone (H)______ (W)_____ (Cell)_____ Email: **Alternate Emergency Contact:** Pet Information: Pet's Name: _____ Male____ Female_____ Breed: _____ Date of Birth: _____ 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: Brand Used: _____ Flea & Tick Preventive Last Given: _____ 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 st	able as
possible at our facility.	
Prand of Pot Food you are bringing:	
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 abou	
its stay at Pampered Pups. Pampered Pups will use this information to care for my pet duri	ng its stay.
Signature of Owner/Guardian Date	
Dutc	