

Client Name:					
Additional Pet name:					
Color/Markings:		Breed:			
		ed/Neutered? DOB:			
Maintenance Medication					
А Сор	y of Current Vacci	nations must b	e on file		
	Minimum vaccina	ations required:			
	DHPP (or equiva	lent)			
	Rabies				
Bordetella/Ke	ennel Cough (<i>initial de</i>	ose at least 14 da	ys prior to stay)		
Food allergies/sensitivities					
Allowed to have treats provided					
Does your pet have a tendency to	o do any of the follow	ing?			
Jump Climb _	Run Away	_ Dig _	Bite _	<u> </u>	
Unusual Tendencies:					
Fear of					
Behavioral Problems					
In stressful situations pet reacts.	(circle if applies)				
Wildly active Active Poise	ed Assured	Reserved	Withdrawn	Lethargic/Stiff	
Has your pet been boarded befor	re? Yes/No	If so, where?			
Does your pet have a microchip?	Yes/No	Tags? Yes/No			