



Boarding and Pet Profile

Name: _____

Email Address: _____ @ _____

Address: _____

City: _____ State _____ Zip _____

Cell Phone 1: _____ Name: _____

Cell Phone 2: _____ Name: _____

Local Emergency Contact

Name: _____ Phone: _____

Veterinarian: _____ Phone: _____

Pet name (1): _____

Color/Markings: _____ Breed: _____

Male/Female _____ Spayed/Neutered? _____ DOB: _____

Maintenance Medications and Dosage: _____

****A Copy of Current Vaccinations must be on file for each visit****

Minimum vaccinations required

DHPP (*or equivalent*)

Rabies

Bordetella/Kennel Cough (*initial dose at least 14 days prior to stay*)

Food allergies/sensitivities _____

Allowed to have treats provided by Hy-Marks? _____

Does your pet have a tendency to do any of the following?

Jump ___ Climb ___ Run Away ___ Dig ___ Bite ___

Unusual Tendencies:

Fear of _____

Behavioral Problems _____

In stressful situations pet reacts ...(circle if applies)

Wildly active *Active* *Poised* *Assured* *Reserved* *Withdrawn* *Lethargic/Stiff*

Has your pet been boarded before? Yes/No If so, where? _____

Does your pet have a microchip? Yes/No Tags? Yes/No

I certify that the information for this and all current pets listed on subsequent sheets is correct.

Client Signature

Date

Mark Ellermann

Hy-Marks Pet Services