



## Pet Boarding Registration

**Owner's Name** \_\_\_\_\_

Emergency contact phone numbers:

\_\_\_\_\_

Vet's phone number: \_\_\_\_\_

**1st Pet's Name** \_\_\_\_\_ Pet's Weight \_\_\_\_\_

Breed (s) \_\_\_\_\_ Color \_\_\_\_\_ Pet's Estimated DOB: \_\_\_\_\_

Sex (Circle)    MALE    FEMALE    Neutered/Spayed    YES    NO

Mealtime Schedule: Food Brand \_\_\_\_\_ Food Allergies? \_\_\_\_\_

Specific Instructions (times per day/measured amount):

\_\_\_\_\_

Medication(s): \_\_\_\_\_

**2nd Pet's Name** \_\_\_\_\_ Pet's Weight \_\_\_\_\_

Breed (s) \_\_\_\_\_ Color \_\_\_\_\_ Pet's Estimated DOB: \_\_\_\_\_

Sex (Circle)    MALE    FEMALE    Neutered/Spayed    YES    NO

Mealtime Schedule: Food Brand \_\_\_\_\_ Food Allergies? \_\_\_\_\_

Specific Instructions (times per day/measured amount):

\_\_\_\_\_

Medication(s): \_\_\_\_\_

**3rd Pet's Name** \_\_\_\_\_ Pet's Weight \_\_\_\_\_

Breed (s) \_\_\_\_\_ Color \_\_\_\_\_ Pet's Estimated DOB: \_\_\_\_\_

Sex (Circle)    MALE    FEMALE    Neutered/Spayed    YES    NO

Mealtime Schedule: Food Brand \_\_\_\_\_ Food Allergies? \_\_\_\_\_

Specific Instructions (times per day/measured amount):

\_\_\_\_\_

Medication(s): \_\_\_\_\_

**4th Pet's Name** \_\_\_\_\_ Pet's Weight \_\_\_\_\_

Breed (s) \_\_\_\_\_ Color \_\_\_\_\_ Pet's Estimated DOB: \_\_\_\_\_

Sex (Circle)    MALE    FEMALE    Neutered/Spayed    YES    NO

Mealtime Schedule: Food Brand \_\_\_\_\_ Food Allergies? \_\_\_\_\_

Specific Instructions (times per day/measured amount):

\_\_\_\_\_

Medication(s): \_\_\_\_\_

5<sup>th</sup> Pet's Name \_\_\_\_\_ Pet's Weight \_\_\_\_\_

Breed (s) \_\_\_\_\_ Color \_\_\_\_\_ Pet's Estimated DOB: \_\_\_\_\_

Sex (Circle)    MALE    FEMALE    Neutered/Spayed    YES    NO

Mealtime Schedule: Food Brand \_\_\_\_\_ Food Allergies? \_\_\_\_\_

Specific Instructions (times per day/measured amount):  
\_\_\_\_\_

Medication(s): \_\_\_\_\_

**\* We provide bedding for all pets. We are NOT responsible for lost, dirty, or damaged items.**

Additional considerations in the care of your pet(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If multiple pets, would you like you pets roomed together or separate?  
\_\_\_\_\_

Does your pet(s) have any allergies? \_\_\_\_\_

Has your pet(s) every bitten anyone \_\_\_\_\_

Does your pet(s) have any dog, people or food aggression issues?  
\_\_\_\_\_

Is your pet(s) afraid of thunderstorms? \_\_\_\_\_

Does your pet(s) have any special needs or pre-existing physical problems?  
\_\_\_\_\_

Does your pet(s) jump fences or try to dig out?  
\_\_\_\_\_

What type of Flea Program is your pet(s) on and due date? \_\_\_\_\_  
\_\_\_\_\_

If you have answered "Yes" to any of the questions above, please give details and/or explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_