



## PET HISTORY FORM

Owner's Name:

Pet's Name:

Has pet been boarded before: YES NO

Is pet socialized?: YES NO

Special Needs/Health Conditions: YES NO

Allergies: YES NO

LIST BELOW

### MEDICATIONS

Name: Dosage:

Frequency: AM NOON PM Other:

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Frequency: AM NOON PM Other:

### FEEDING

Is you pet currently on a Raw Diet?\* YES NO

Using Kennel's Food: YES NO AM PM Cups per meal:

Using Own Food: YES NO AM PM Cups per meal: or Scoops per meal:

Brand of Own Food:\*\* separate to feed 2 pets: YES NO

**\*\*Must be filled out with complete name of food even if using Kennel's food.**

### HAS PET EVER?

Attacked or bitten anyone

Attacked another animal

Shown dog aggression

Shown fear aggression

Injured self out of fear

Injured self out of boredom

Shown separation anxiety

Climbed or jumped fences

Escaped from home

Chewed at self/hot spot

Had fleas

Dog is on some form of flea prevention

### BEHAVIOR ISSUES

Does not handle heat

Fearful of thunder/loud noises

Fearful of lightning

Fearful of rain

Fearful of strangers

Fearful of Males Females

Protective of food or dish

Does not like to be picked up

Does not like area touched

Other

**\*Sorry, we are not able to accommodate pets being fed a Raw Diet due to Salmonella and other health risks. This includes freeze dried, frozen, and fresh food or treats.**

**SUBMIT FORM**