

LEASH & BRIDLE BOARDING
CLIENT / DOG INFORMATION

Owner's Name: _____

Home Phone: _____

Address: _____

City,,Zip _____

Work Phone: _____ Cell Phone: _____

E-mail _____

Vet: _____

Address: _____

phone: _____

Emergency Contact:

Name: _____

phone: _____

Person authorized to pick up your pet:

Name: _____

Phone: _____

Pet #1 Name: _____

Breed: _____

Color: _____ Birthdate: _____

Male _____ Neutered _____ Female _____ Spayed _____

Pet #2 Name: _____

Breed: _____

Color: _____ Birthdate: _____

Male _____ Neutered _____ Female _____ Spayed _____

Pet #3 Name: _____

Breed: _____

Color: _____ Birthdate: _____

Male _____ Neutered _____ Female _____ Spayed _____

If you have more than one dog may they be fed together? _____

Is your dog reliably housebroken? _____

Type of food provided at home _____

Amount and frequency _____

Is your dog allowed to have treats? _____

Does your pet have any allergies, medical or health problems? If yes, please explain _____

Is your dog afraid of thunder or fireworks? _____ If so, how do you comfort him? Special Instructions _____

Has your dog ever shown aggression or bitten anyone _____

Under what circumstances _____

Does your dog (check all applicable): jump fences _____ dig _____

Climb fences _____ run away _____ bark excessively _____

Show food aggression _____ toy aggression _____

chewing/destructive _____ Bolt through open doors _____

Does he come when called _____ when at the park or in open areas away from home do you let him off the leash _____

What is his activity level: active _____ passive _____

Anything more you'd like us to know about your dog: _____
