



# LEASH & BRIDLE BOARDING

## CLIENT & PET INFORMATION FORM

### OWNER INFORMATION

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, ST, ZIP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ ALT. PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 VETERINARIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### GENERAL INFORMATION

1. PET NAME: \_\_\_\_\_ APPROX. WEIGHT: \_\_\_\_\_  
 CANINE OR FELINE? \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED OR NEUTERED? Y/N MICROCHIPPED? Y/N  
 BIRTHDATE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 Energy level: LOW/MEDIUM/HIGH Social Level: LOW/MEDIUM/HIGH

2. PET NAME: \_\_\_\_\_ APPROX. WEIGHT: \_\_\_\_\_  
 CANINE OR FELINE? \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED OR NEUTERED? Y/N MICROCHIPPED? Y/N  
 BIRTHDATE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 Energy level: LOW/MEDIUM/HIGH Social Level: LOW/MEDIUM/HIGH

3. PET NAME: \_\_\_\_\_ APPROX. WEIGHT: \_\_\_\_\_  
 CANINE OR FELINE? \_\_\_\_\_ SEX: \_\_\_\_\_ SPAYED OR NEUTERED? Y/N MICROCHIPPED? Y/N  
 BIRTHDATE: \_\_\_\_\_ BREED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 Energy level: LOW/MEDIUM/HIGH Social Level: LOW/MEDIUM/HIGH

### PLEASE CHECK ALL THAT APPLY:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Not House broken            | <input type="checkbox"/> Runs away when called     | <input type="checkbox"/> Marks Territory                             |
| <input type="checkbox"/> Afraid of thunder/fireworks | <input type="checkbox"/> Chewing/Destructive       | <input type="checkbox"/> Has a sensitive "don't touch me there" spot |
| <input type="checkbox"/> Food aggression             | <input type="checkbox"/> Bolt through doors        | <input type="checkbox"/> Has used a dog door                         |
| <input type="checkbox"/> Toy aggression              | <input type="checkbox"/> Digs                      | <input type="checkbox"/> Has never boarded                           |
| <input type="checkbox"/> Jump/Climb fences           | <input type="checkbox"/> Bark excessively          | <input type="checkbox"/> Has separation anxiety                      |
| <input type="checkbox"/> Overly dominant             | <input type="checkbox"/> Jumps on people           |  |
| <input type="checkbox"/> Doesn't come when called    | <input type="checkbox"/> Humps other dogs          |  |
|  | <input type="checkbox"/> Overly possessive/jealous |  |

If you checked any of the following, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your pet ever shown aggression or bitten anyone? Y/N If yes; please explain: \_\_\_\_\_  
 \_\_\_\_\_

If you have more than one pet, may they be fed together? Y/N

Food provided at home: \_\_\_\_\_ Amount & Frequency: \_\_\_\_\_  
 \_\_\_\_\_

**If your pet has any allergies or medical/health problems, please fill out our Medical/Special Needs Form!**