



Intake Form

Date: _____

Your Name: _____

Address: _____

City, State, zip: _____

Phone number: _____ Is this a cell phone? Yes or No

Email address: _____

Emergency Contact name & phone number: _____

Veterinarian Clinic Name & phone number: _____

Is your dog microchipped? Yes or No



Your Pets Name: _____ Breed: _____

DOB/Age: _____ Color: _____

Sex: Neutered Male Intact Male Spayed Female Intact Female

If spayed/neutered at what age/date? _____

How long have you had your dog? _____

Dogs Name: _____



Where did you get your dog from? _____

Does your dog have any medical problems? _____

Does your dog take any medication daily? _____

Does your dog have any allergies? _____

Has your dog ever had a major illness, injury, or surgery? Yes or No

If yes, please explain including dates: _____

Does your dog have any activity restrictions that we should be aware of? Yes or No

If yes, Please explain: _____

Flea and Tick prevention Brand: _____ How often given: _____

Heart worm prevention Brand: _____ How often given: _____

Has your dog been boarded before? Yes or No

If yes, in what type of environment? _____

Any previous issues with boarding? _____

Who lives at home with your dog? (Children, other pets etc) _____

Is your dog crate trained? Yes or No

If yes, do they still use a crate? When? _____

Is your dog friendly with other dogs? _____

Dogs Name: _____



Has your dog ever bitten anyone before? Yes or No

If yes, Please explain: _____

Is your dog afraid of anything? (Loud noises, new people, children etc) Yes or No

If yes, please explain: _____

Does your dog like to go on walks? Yes or No

If yes, How often and typical distance walked? How do they walk on a leash? Are they reactive to other dogs or people while walking? Does anything frighten them easily when walking?

Does your dog like to play catch? Tug of war? _____

Are there any parts of the body your dog does not like to be touched? _____

Are there any parts of the body your dog prefers to be touched? _____

Does your dog exhibit any of the following behaviors?

*** Mouthiness? Yes or No** _____

*** Separation anxiety? Yes or No** _____

*** Excessive barking? Yes or No** _____

*** Fence jumping/climbing? Yes or No** _____

*** Digging? Yes or No** _____

*** Food or Toy aggression? Yes or No** _____

*** Excessive chewing (ie dog beds/toys)? Yes or No** _____

Dogs Name: _____



What type of food does your dog eat? _____

How often do they eat and how often? _____

Is your dog allowed to have treats? Yes or No

If yes, is there a specific type/brand? _____



Is there anything else that you think is important for us to know about your dog?
