

NEW CLIENT INFORMATION

PLEASE ANSWER EACH QUESTION WITH YES, NO, N/A, OR SPECIFIC INSTRUCTIONS. DO NOT SKIP ANY QUESTIONS.

- PET NAME/Names: _____
- BREED/BREEDS _____
- COLOR/COLORS _____
- NEUTERED/SPAYED ? _____
- Does your pet or pets have a medical condition that requires daily medication? _____
- What is that condition? _____
- We require that you organize a "pill minder" for the exact dosing for this visit. Please do not send bottles of pills.
- PARTICIPATE IN PLAYGROUP? Pet must be neutered or spayed and must not show any aggression to other dogs or people.
Playgroups are separated by size and breed temperament. Dogs play with teeth and paws so minor injuries do sometimes occur. You must be responsible for any Vet treatment for your own pet as a result of injury to your own pet during playgroups.
- If YES SIGN ON NEXT LINE.
- Sign Here _____
- EMAIL ADDRESS _____
- VET CLINIC _____
- CELL PHONE: _____

GROOMING, BATHING, NAIL CLIPPING, ETC. (USE THE LINES BELOW TO GIVE YOUR INSTRUCTIONS)

WHAT DAY OF VISIT DO YOU WANT THIS SERVICE ? _____

IF REQUESTED ON PICK UP DAY, WHAT TIME ARE YOU PICKING UP ? _____

DO YOU PREFER A PHONE CALL TO ALERT YOU THAT YOUR PET IS READY FOR PICK UP ? _____

- I ACKNOWLEDGE THE FACILITY HOURS FOR SUNDAY ARE 4pm - 8pm _____yes initial

List all feeding products you have provided and instructions for use. Cup measurements please for dry food. example: 2 cups morning and evening Our normal feeding times are 8am and 5pm.

	Name of pet/pets	how many cups	morning	noon	evening
1.	_____				
2.	_____				
3.	_____				
4.	_____				

Additional instructions such as adding canned portion to dry may be listed above or use the lines below for more detailed info.

If you have multiple pets please answer the following – Do we need to separate your pets for feeding - on separate sides of their room – In separate rooms. Underline the one that best applies and/or give more info here.

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Do your pets fight over territory or food or treats? _____

- WHEN IS THE NEXT SCHEDULED FEEDING AFTER CHECKING IN ? _____
 - SOME PETS DON'T EAT DUE TO SEPARATION ANXIETY. If my pet isn't eating I would like to have the complimentary chicken/rice topping after 2 zero's. (graded morning and evening feeding) YES OR NO or more information needed. _____
 - KNOWN food ALLERGIES _____
 - Please tell us about any past serious medical condition that your pet has been treated for.
-

- Does your pet have a limp that is normal?
-

- ARE THERE ANY PRIOR PROBLEMS ASSOCIATED WITH SEPARATION ANXIETY DURING BOARDING OR DURING THUNDERSTORMS SUCH AS DIARRHEA AND/OR PACING - PANTING - SALIVATING AND /OR DESTRUCTIVE BEHAVIOUR. _____
- Did you bring medication for Anxiety? _____