

Borton's Doggy Play & Stay, LLC

Daycare, Boarding, and Grooming

Client Information Sheet

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____

Veterinary Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact (other than vet):

Name: _____ Phone: _____

Furry Family Member(s):

Pet's Name: _____ Breed: _____ Sex: M or F Birthdate/Age: _____

Pet's Name: _____ Breed: _____ Sex: M or F Birthdate/Age: _____

Pet's Name: _____ Breed: _____ Sex: M or F Birthdate/Age: _____

Medical History: _____

Medication: _____

Special Instructions: _____

As the owner of the above-named pet(s), I hereby give consent for emergency medical care as prescribed by a duly licensed veterinarian. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of my pet.

Signature: _____ Date: _____

How did you hear about us? _____

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Additional Information Sheet

*Has your dog been in day care before? Yes No

Date: _____

Reason for leaving: _____

*Has your dog been socialized with other dogs? Yes No

*Is your pet spayed or neutered? Yes No

*Is your pet on a flea treatment? Yes No If yes what kind. _____

*Is your dog vaccinated? DHLPP: Yes No Rabies: Yes No Bordetella: Yes No

*Is your cat vaccinated? DHLPP: Yes No Rabies: Yes No FVRCP: Yes No

*Does your pet have any allergies? Yes No If yes please list them. _____

*Is your pet allowed to have treats? Yes No

*Has your dog taken training classes? Yes No

If yes by who, when and how long. _____

*Please check any that apply to your dog.

- Dog aggressive ___ People aggressive ___ Separation anxiety ___ Chews ___
- Digs ___ Barks ___ Runs away ___ Escapes ___
- Fence jumper ___ People possessive ___ Toy possessive ___ Shy ___
- Unruly ___ Stool eater ___ Picky eater ___ House soils ___
- Crate trained ___ Leash trained ___ Grass eater ___ Rock eater ___
- Other ___

Is there anything else we should know about your pet? _____
