



## Welcome to Doggie Daycare!

Help us get to know your dog.

### Basic Information

_____	_____
Date	Dog Name
_____	Sex Male Female
Breed(s)	Altered? Neuter Spay
_____	_____
Color(s)	Birthday
_____	_____
Client Name	Primary Phone Number
Email: _____	_____
	Secondary Phone Number

Who is authorized to drop off/pick up your dog?

### Health and Behavior

Date aquired? \_\_\_\_\_ From where? \_\_\_\_\_

If adopted, do you know any history? \_\_\_\_\_

Is your dog sensitive to being touched? If so, where? \_\_\_\_\_

Any medical conditions, past or present (including food allergies)? \_\_\_\_\_

Has your dog ever had formal training? Yes No

Has your dog been do a doggie daycare before? Yes No

Has your dog been to a dog park before? Yes No

Please list any command words your dog responds to. \_\_\_\_\_

Has your dog ever shown signs of fear or aggression towards a human or another dog? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be filled out by Gunbarrel Staff**

Supervisor:

Pass

Fail

Notes:

Pets Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email address if traveling outside of the country: \_\_\_\_\_

On occasion a pet may become ill with **minor** conditions while boarding. The most common ailments are diarrhea, vomiting and lack of appetite. We will do our best to contact you at the numbers provided above. We will examine and treat these conditions as needed for the health and comfort of your pet and follow up with you pending the results of the exam. -- **Additional cost will apply.**

Initial: \_\_\_\_\_

If a **serious** medical emergency arises while your pet is boarding with us we will do our best to contact you at the numbers provided. In the event we cannot contact you, we will use our best judgment to decide what treatments would be appropriate which may include transfer to a 24-hour hospital for care.

Initials: \_\_\_\_\_ Financial Limit: \_\_\_\_\_

In some cases we may need to obtain medical records for your pet. If we are not your primary vet care provider, please list the name of the veterinary facility where your pet receives care:

\_\_\_\_\_

Any additional information we should be aware of while your pet is boarding with us? (i.e, food allergies, healthy concerns, behavioral concerns, personality traits)

\_\_\_\_\_

\_\_\_\_\_

In the unfortunate event of the death of your pet while boarding we will hold your pet until body care instructions are provided to us.

**For the protection of all boarders, we require current vaccinations for DHPP in dogs and FVRCP in cats. Rabies vaccines need to be current according to local laws. Bordetella vaccine (kennel cough) is required every six months. If you do not bring verification, or we cannot confirm vaccine status. We will vaccinate your pet at our charge. Gunbarrel Veterinary Hospital is not responsible for lost or destroyed toys, blankets, beds or additional belongings.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_