



Dog's Name: _____

Sex: M or F

Neutered/Spayed:

Yes

No

Age neutered/spayed: _____

Any change after neutering/spay? _____

Breed: _____ Color: _____ Age obtained: _____

Where did you obtain this pet? _____ Breeder (if applicable): _____

For what purpose was your pet obtained? _____

To your knowledge has this animal bitten or showed potential to bite in the past:

Yes

No

If yes, please describe the incident: When _____

Why? _____

Has the pet ever been in an altercation? _____ Other Animal

Species: _____ What were the circumstances behind the

altercation? _____

Has the pet ever been injured? _____ Date of injury: _____

How? _____

Was the pet seen by a veterinarian for this injury:

Yes

No

Date Seen: _____

Any restrictions noted by the Vet?

Has the pet ever been injured? _____ Date of injury: _____

How? _____

Was the pet seen by a veterinarian for this injury:

Yes

No

Date Seen: _____

Any restrictions noted by the Vet?

Has the pet ever been injured? _____ Date of injury: _____

How? _____

Was the pet seen by a veterinarian for this injury:

Yes

No

Date Seen: _____

Any restrictions noted by the Vet?

Did you feed and medicate (if applicable) your dog prior to admission today?

Yes

No

Do you apply a monthly flea preventative at home

Yes

No

If yes, what brand and when was it last applied?

Has your dog had any coughing, sneezing, vomiting, diarrhea, change to thirst / appetite / urination and/or defecation habits?

Yes

No

If yes, please describe

Do you happen to know if he/she urinated or defecated today?

urine:

Yes

Unknown

No

defecation:

Yes

No

Unknown

Do you happen to know how often he/she urinates or defecates?

Any extras wanted (ie nail trim): _____

If more than 1 dog is boarding, would you prefer that they are in one kennel if possible? (check one)

Yes

No

If yes – please note, we will separate them if we have any concerns about their health /behavior so that we can discern which dog is doing what.

Does your dog have any chronic medical issues or concerns?

Yes

No

If yes, please describe:

Does your dog have any food / environmental allergies:

Yes

No

If yes, please describe:

Current diet morning: (brand,amount,frequency):

Current diet evening: (brand,amount,frequency):

Any other meals / feeding instructions?

Current medications: (name(s), amount, frequency):

Current Insulin schedule and dose:

Type of Insulin and size of syringes:

Is this pet crate trained? (Check all that apply)

Yes

No

Frequency of accidents indoors:

Often

Occasionally

Never

How often does your pet go outside to potty? _____

For how many hours at a time was the pet left alone in a day? _____

Where was the pet kept when no one was home? _____

When left alone my dog:

Barks

Scratches on
doors, windows,
floor etc.

Sleeps

Chews personal
items

Urinates/defecates
indoors

I would describe my dog as:

A Family Dog

For Adults

Only A One Person
Dog

This dog has lived in the same household with (check all that apply):

Other dogs

Others

Cats

Children;

Birds

Ages _____

How did this dog get along with above family
members? _____

This dog does not like the company of:

Small Children

Cats

Other Dogs

Other: _____

Please explain if any of the above are
checked: _____

This dog is overly protective of:

- Family Its food/toys treats Own property

Where does the pet spend most of its time?

- Inside Outside
 Other: _____

How much time was the dog kept outside? _____ Inside? _____

How was the dog kept confined to your property?

- Fenced area Underground Cable/chain
 On a leash Invisible Fence Not confined

How many times a day is the dog exercised? _____ For how long? _____

Where did the pet sleep at night? _____

How does this dog react to strangers? _____

My dog is afraid of: (Check all that apply):

- Bad weather Vet Appointments Car Rides
 Being Left Alone Loud Noises Children
 Other: _____

Check as many of the following that describe the dog's behavior and habits:

- | | | |
|---|---|---|
| <input type="checkbox"/> Barks a lot | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Friendly with other dogs |
| <input type="checkbox"/> Digs | <input type="checkbox"/> Fearful | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Likes riding in cars | <input type="checkbox"/> Chases cats | <input type="checkbox"/> Fetch |
| <input type="checkbox"/> Roams | <input type="checkbox"/> Friendly to people | <input type="checkbox"/> Likes Treats |
| <input type="checkbox"/> Whines | <input type="checkbox"/> Chews | <input type="checkbox"/> Separation anxiety |
| <input type="checkbox"/> Playful | <input type="checkbox"/> Reserved | <input type="checkbox"/> Likes water/swimming |
| <input type="checkbox"/> Escapes yard | <input type="checkbox"/> Growls | <input type="checkbox"/> Jumps on people |
| <input type="checkbox"/> Unruly | <input type="checkbox"/> hyperactive | |
| <input type="checkbox"/> Submissive wetter | <input type="checkbox"/> Shy | |

My Dog knows the following basic Commands: (Check all that apply):

- Sit Heel Come
 Down Stay/Wait

Additional commands: _____

Does the pet listen to commands? _____

Which commands?

- Sit Stay Down

Has your pet had any training?:

- Obedience classes Home training No training

Does your pet have a microchip?

- Yes No

Is the microchip registered in your name?

- Yes No

Microchip #: _____

The dog's diet is:

- Canned Semi-moist Dry food

Brand of food given: _____

The dog's feeding time is

- A.M. P.M. Throughout the day

Please describe your dog's overall demeanor: _____

How would you like your dog to be outside:

- Individually In a group

Is there anything else we should know about this pet?

Other helpful information about my

dog: _____

Will you be picking up your dog from boarding?

- Yes No

If no, who do you authorize to do so (ID required)? _____

Please review and sign below acknowledging the following:

I stipulate that the information provided is true and accurate; I authorize the release of any medical records of the above animal by and for the animal to Helping Paws. I verify that the above animal has not bitten anyone in the past 30 days and is not under any quarantine or legal adjudication.

Leash: For the safety of our staff, customers, clients, and visitors, all dogs are required to enter and exit the facility on-leash. Remember, your dog may be friendly, but we may have other dogs in the office that have not been assessed yet.

*A copy of current vaccinations and testing must be provided with application.

Payment is due when booking the boarding service online or at drop off. We do not accept checks, cash or card only

Supplies Required:

All Vet records, food, collar, tags, standard leash, bone, rubber/plastic toys

My signature below reflects that I have read and understand the information provided.

Print Name: _____ Signature: _____ Date: _____

Representative of Helping Paws: _____