

Pet Lodging Questionnaire

Date:

Pet's Name:

1. Have you noticed any vomiting, having diarrhea, coughing, and/or sneezing over the last month? YES/NO

If so, what symptoms have you noticed, and how long have you noticed them?

2. Has your pet been treated for kennel cough or any other infectious diseases in the past month? YES/NO

If so, what meds has your pet been prescribed? Are they still experiencing symptoms?

3. Does your pet have any injuries, open wounds, bleeding sores, bumps/lumps that we should be made aware of? YES/NO

If so, please describe the area here:

4. Does your pet eat well at home? YES/NO

If no, on a typical day, what is your pet's eating routine?

5. Is your pet on a prescription food diet? YES/NO

If so, what is the full brand name/type of food:

6. Does your pet have any allergies or food restrictions that we should be made aware of? YES/NO

If so, please list them here:

7. Does your pet have any chronic health issues?

If so, list them here:

8. Do you feed your pet with a slow-feeder bowl at home? YES/NO

9. Does your pet need to be harness-walked only? YES/NO

10. Is there any information not listed above that we should be made aware of prior to your pet boarding?

If so, please explain here:

Emergency Contacts

Please put the contacts in the order in which we should call them.

Call 1st	Call 2nd
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:

Medications

NAME	DOSAGE	AMOUNT/FREQUENCY

If we are not your regular veterinarian, please fill out the following information:

A. **Name of Veterinary Office:** _____

B. **Veterinary Office Phone Number:** _____

C. **Name of last veterinarian who has examined your pet:** _____

Boarding Pick-Up and Drop-Off Times

Monday-Friday: 8:00 a.m. – 6:00 p.m.

Saturday: 8:00 a.m. – 4:00 p.m.

Sunday: 8:00 a.m. – 12:00 p.m.

Signature: _____