



BOARDING GUEST PROFILE

Pet's name: _____

OWNER INFORMATION

Owner: _____

(First name)

(Last name)

Phone number: _____

(Home)

(Cell)

(Other)

Address: _____

(Street)

(City)

(Postal code)

Email address: _____

Emergency contact(s): In the event of an emergency who do we contact first?

You Emergency contact (Must be available 24/7 & be able to make medical decisions

for your pet). If I cannot provide an emergency contact or my emergency contact(s) are unable to be contacted, I authorize treatment for my pet(s) up to \$_____ (initial) _____.

Name: _____ Phone number: _____

Relationship: _____

Others authorized to pick-up my pet(s): _____

IN THE EVENT THAT YOUR PET BECOMES ILL OR INJURED, EVERY EFFORT WILL BE MADE TO CONTACT THE OWNER AND ABOVE EMERGENCY CONTACT PERSON FOR INSTRUCTIONS REGARDING EXTENT OF CARE (please initial here, that the above information is correct) _____. IF VETERINARY CARE IS DEEMED ADVISABLE, OWNER WILL HAVE THE VETERINARY FEES ADDED TO THEIR INVOICE/BILL. IN THE EVENT THAT WE ARE UNABLE TO CONTACT THE OWNER OR EMERGENCY CONTACT PERSON, THEN BARRIEFIELD ANIMAL HOSPITAL WILL PROCEED WITH ANY MEDICATIONS/TREATMENTS THAT WE FEEL ARE NECESSARY FOR THE BEST INTEREST OF YOUR PET.

I, THE UNDERSIGNED, UNDERSTAND & ACKNOWLEDGE THE ABOVE STATEMENTS/AGREEMENT

SIGNATURE: _____ DATE: _____

PET INFORMATION

Breed: _____ Colour: _____

Gender: _____ Age: _____ Birthdate: _____

Spayed Neutered Declawed

Check-in date: _____ Time: _____

Check-out date: _____ Time: _____

DIET INFORMATION

Please supply your pet’s regular food, so we do not upset their gastrointestinal system. Prepare each meal into separate ziplock bags so there are no changes to their diet while boarding (ie. Your heaping cup could differ from our heaping cup).

Dry food (brand): _____ Canned Food (brand): _____

Breakfast _____ cups dry food mixed with _____ can

Lunch _____ cups of dry food mixed with _____ can

Dinner _____ cups dry food mixed with _____ can

Other _____

My pet usually is Free fed Fed away from siblings Fed with siblings

Better in my company a non-eater in boarding

If your pet decides to be a finicky eater, is it OK to add some canned food as an enticement?

Yes No

Belongings (Please describe, we cannot guarantee the condition of belonging upon check-out):

MEDICAL INFORMATION

Does your pet have any pre-existing medical conditions? _____ If yes, please write condition here and medication(s) below: _____

My pet is on the following medications:

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Medication: _____ Dose: _____

Special medical instructions: _____

GENERAL INFORMATION

When/how did you acquire your pet? _____

If adopted, do you have any knowledge of your pet's history? _____

Are there any other animals in your house? If so, please list species, gender and age:

How do they get along? _____

Please check off the facilities you have used before:

Boarding facility Grooming salon Off-leash dog park Doggy Daycare

Where? _____

How did he/she behave? _____

Have you ever had a negative experience at a boarding facility? Please explain: _____

BEHAVIOUR

Does your pet have any physical restrictions while playing? _____

Does your pet have any sensitive areas on their body? _____

Is your pet afraid of any specific items or noises? _____

How does your pet react to other animals? _____

Are there any particular types of people your pet seems to fear or dislike? _____

If yes, please explain: _____

How does your pet react to being crated or confined? _____

Is your pet an escape artist? _____ If yes, please explain: _____

Is your pet frightened by thunderstorms/loud noises? _____ If yes, please describe what happens and how you comfort/calm your pet's fear: _____

Does your pet have any bathroom related issues or concerns? _____ If yes, please explain: _____

Is your pet protective of you, your home or property? _____

Food/toy aggressive or possessive? _____

Has your pet ever growled or snapped at anyone who has taken his/her food or toys away from him/her? _____ If yes, please explain: _____

Are there any types and/or breeds of dogs your pet seems to automatically fear or dislike?

If yes, please explain: _____

Has your pet had any formal obedience training? _____ If yes, when and where? _____

What commands does your pet know? _____

Describe your pet's activity level: _____

What kind of games does your dog like to play with people? _____

What kind of games does your dog like to play with other dogs? _____

Where are your pet's favourite petting/scratching spots? _____

HAS YOUR PET EVER

Growled/hissed at someone? _____ Circumstances? _____

Bitten someone? _____ Circumstances? _____

Has your pet ever been attacked or bitten by another pet? _____ Circumstances? _____

Has your pet ever bitten or attacked another pet? _____ Circumstances? _____

PERSONALITY PROFILE

Does your pet problems in any of the following areas? (If so please explain)

Concern	Yes	No	If yes, please explain
Allergies			
Arthritis/stiff limbs			
Chronic ear problems			
Chronic eye problems			
Digestive problems			
Heart condition			
Seizures			
Skin disorders			
Skin lumps/bumps			
Surgeries			
Thyroid condition			
Other medical condition			
Chewing			
Digging			
Excessive barking			
Fears			
Jumping			
Leash pulling			
Separation anxiety			
Other behavioural issues			

Please check al that apply:

- ATTRIBUTES**
- Fence jumper
 - Fence climber
 - Digger
 - Jumps
 - Protective
 - Mouthy
 - Paper/litter trained
 - Independent

- PERSONALITY**
- Outgoing
 - Verbally sensitive
 - Timid
 - Affectionate
 - Pushy
 - Aggressive
 - Excitable
 - Playful

- BEHAVIOUR**
- Will bite
 - May bite
 - Snaps
 - Shows teeth
 - Freezes
 - Trembles
 - Moves away
 - Inappropriate chewing

MY PET:

Grabbing collar

Likes

Dislikes

PLAYS BEST WITH:

No dogs

Getting hugs	Likes	Dislikes	<input type="checkbox"/>	Big dogs
Being brushed	Likes	Dislikes	<input type="checkbox"/>	Little dogs
Being around other dogs/cats	Likes	Dislikes	<input type="checkbox"/>	Older dogs
Being touched while sleeping	Likes	Dislikes	<input type="checkbox"/>	Younger dogs
Ears being touched	Likes	Dislikes	<input type="checkbox"/>	Puppies
Paws being touched	Likes	Dislikes	<input type="checkbox"/>	Other cats
Mouth being touched	Likes	Dislikes	<input type="checkbox"/>	Male & Female
Tail being touched	Likes	Dislikes	<input type="checkbox"/>	Males only
Having nails clipped	Likes	Dislikes	<input type="checkbox"/>	Females only
Being in a kennel	Likes	Dislikes		
Being around children	Likes	Dislikes		

Is there anything else you would like to tell us about your pet? _____
