



Board & Play Cage-free Facilities • Daycamp • Bathing • Grooming • Pet Taxi Services
 Spring/The Woodlands Magnolia, TX
www.woodlandsgogboarding.com www.lakesidedoggielounge.com
 281-419-9902 832-797-0803

CLIENT/PET COMPANION INFORMATION

Date: _____

PET PARENT INFORMATION:

Pet Parent(s) Name: _____

Address: _____

Cell Phone: _____ Belongs to: _____ Accept Text Msg? Y/N Accept Pix Msg? Y/N

Cell Phone: _____ Belongs to: _____ Accept Text Msg? Y/N Accept Pix Msg? Y/N

Home Phone: _____ Other Phone: _____

Email Address: _____ Belongs to: _____

Email Address: _____ Belongs to: _____

If more than one pet parent, who is the first point of contact: _____

VET INFORMATION:

Vet #1: _____ Vet #2: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Pet: _____ Pet: _____

Since: _____ Since: _____

IN-CASE OF EMERGENCY - EMERGENCY CONTACT INFORMATION:

We will always try to reach you first, but if we're unable to, whom do you appoint as your ICE. If none, please indicate, none.

Name #1: _____ Relationship _____

Phone: _____ Email _____ Lives _____ mi. from you.

Name #2: _____ Relationship _____

Phone: _____ Email _____ Lives _____ mi. from you.

PET COMPANION INFORMATION: (Please fill-out for every pet companion)

Pet Companion Name: _____
Breed: _____ Color: _____ Age: _____ Male Female
How long have you been their pet parent: _____ Their Temperament: _____
Weight Class: Tiny (under 10 lbs.)/ Small (under 25 lbs.)/ Medium (25-50 lbs.)/ Large (50-90 lbs.)/ Extra Large (90+ lbs.)
Energy Level: LOW/MEDIUM/HIGH Enjoys: OUTSIDE/ INSIDE/ BOTH
Social Level: LOW/MEDIUM/HIGH Knows dog social etiquette: NO/YES/SOMETIMES Dog Friendly: YES/NO
Are they neutered/Spayed: YES / NO
Are they a rescue: YES / NO
History of abuse/neglect: YES / NO
On active flea/tick treatment: YES / NO
Been boarded before: YES / NO If yes, Traditional Kennel or Cage-Free/Holistic Boarding
Are they microchipped? YES / NO If yes, Microchip information: _____
Where do they sleep in your home: _____ Crate trained: _____
Where do they stay during the day when you're not home: _____

PLEASE CHECK ALL THAT APPLY:

- | | | |
|---|---|--|
| <input type="checkbox"/> House broken | <input type="checkbox"/> Chewing/Destructive | <input type="checkbox"/> Bolt through open doors |
| <input type="checkbox"/> Comes when called | <input type="checkbox"/> Jumps on people | <input type="checkbox"/> Humps dogs |
| <input type="checkbox"/> Food aggressive | <input type="checkbox"/> Toy aggressive | <input type="checkbox"/> Play aggressive |
| <input type="checkbox"/> Overly dominant | <input type="checkbox"/> Overly aggressive | <input type="checkbox"/> Overly possessive/jealous |
| <input type="checkbox"/> Jump fences/Climb fences | <input type="checkbox"/> Digs around fence line | <input type="checkbox"/> Escape artist |
| <input type="checkbox"/> Runs away when called | <input type="checkbox"/> Barks excessively | |

If your pet companion(s) are having a difficult time eating their own kibble, we will add a small amount of a wet topper or mix in a little bit of another kind of kibble...

Do we have your permission to give this to your pet companion? **YES or NO, thanks.**

Do we have your permission to give treats to your pet companion? **YES or NO, thanks.**

Feeding regimen: How many times a day _____ How much at each feeding _____

Any food allergies, allergies, medical, or health problems? If yes, please explain: _____

Our property is fenced in and secure but if a dog really wants to get out they will find a way. If your pet companion climbs fences, digs at fence lines, chews up fence line, or pounces on the fence to knock it down, it is very important that we know. Does your dog do any of these behaviors? If yes, please explain:

Any medication needed to be administered while under our care? If yes, please give instructions:

Has your dog ever bitten another dog or person? If yes, please explain:

Please tell us how does your pet companion behave around other dogs in a group setting:

