



BOARDING REGISTRATION FORM

OWNER INFORMATION

NAME _____
ADDRESS _____
PHONE 1 _____ PHONE 2 _____
EMAIL _____ BEST METHOD OF COMM. _____

DOG INFORMATION

DOG'S NAME _____ MICROCHIP# _____
DATE OF BIRTH _____ AGE _____ WEIGHT _____
BREED _____ COLOR _____ MARKINGS _____
GENDER FEMALE MALE SPAYED/NEUTERED YES NO

OFFICE USE ONLY

ARRIVAL DATE _____ ARRIVAL TIME _____ AM/PM
DEPARTURE DATE _____ DEPARTURE TIME _____ AM/PM
PETS STAYING _____ KENNEL _____
OUT OF COUNTRY YES NO CELL SERVICE AVAIL YES NO
AUTHORIZED PERSON TO PICK UP & DROP OFF _____
ALTERNATIVE PICK UP & DROP OFF PERSON _____

EMERGENCY INFORMATION

CONTACT NAME	_____	HOME #	_____
RELATIONSHIP	_____	CELL #	_____
CONTACT NAME	_____	HOME #	_____
RELATIONSHIP	_____	CELL #	_____
VETERINARIAN	_____	PHONE #	_____
ADDRESS	_____		
PET INSURANCE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	POLICY # _____
IF YES, PET INSURANCE PROVIDER	_____		

MEDICAL INFORMATION

VACCINATIONS DHLPP _____ RABIES _____ BORDETELLA _____
LAST ADMINISTERED LAST ADMINISTERED LAST ADMINISTERED

KNOWN HEALTH CONDITIONS _____

ALLERGIES _____

CURRENTLY ON MEDICATIONS? YES *PLEASE FILL OUT MEDICATION FORM NO

BEHAVIOR & TEMPERMENT

POTTY TRAINED YES NO USUAL POTTY TIMES _____

HAS YOUR DOG EXHIBITED ANY OF THE FOLLOWING?

<input type="checkbox"/> FOOD AGGRESSIVE	<input type="checkbox"/> LEASE PULLING	<input type="checkbox"/> SEPARATION ANXIETY
<input type="checkbox"/> PEOPLE AGGRESSIVE	<input type="checkbox"/> AGGRESSIVE W/ TOYS	<input type="checkbox"/> AGGRESSIVE CHEWING
<input type="checkbox"/> DOG AGGRESSIVE	<input type="checkbox"/> DIGGING	<input type="checkbox"/> OTHER _____

Dog Boarding Medication Form

MEDICATION LIST



1

MEDICATION _____
CONDITION _____
DOSAGE _____ FREQUENCY _____
TIMES GIVEN _____ AM/PM _____ AM/PM _____ AM/PM
NOTES _____



2

MEDICATION _____
CONDITION _____
DOSAGE _____ FREQUENCY _____
TIMES GIVEN _____ AM/PM _____ AM/PM _____ AM/PM
NOTES _____



3

MEDICATION _____
CONDITION _____
DOSAGE _____ FREQUENCY _____
TIMES GIVEN _____ AM/PM _____ AM/PM _____ AM/PM
NOTES _____



4

MEDICATION _____
CONDITION _____
DOSAGE _____ FREQUENCY _____
TIMES GIVEN _____ AM/PM _____ AM/PM _____ AM/PM
NOTES _____

