



BOARDING INFORMATION

Drop-off date and time:
Pick-up date and time:

Payment choice:	<input type="checkbox"/> Cash, Check or Money Order
<input type="checkbox"/> Credit Card via Paypal or Google	

CONTACT INFORMATION

Client/Handler Name:	Home Phone:
Address:	Work Phone:
City, State, Zip Code:	Cell Phone:
E-mail address:	
Dog's Name:	Dog's Date of Birth (or approximate age):
Dog's Breed/Mix:	Dog's Weight:
Dog's Gender:	Spayed or Neutered:
Location where you will be staying:	
Additional phone number where we can reach you:	

VETERINARY, MEDICAL and HEALTH INFORMATION

My dog is current on rabies and distemper vaccinations: (check)

Describe any current health conditions, sensitivities, fears or other conditions we should be aware of:

Describe any dietary restrictions, if any, such as food allergies, products that cause diarrhea, etc.:

Veterinarian's name:	Phone:
Animal Hospital/Clinic Name:	
Address:	
City, State, Zip Code:	

If emergency care is required, we will use VCA Douglas County Animal Hospital in Castle Rock.

If available, please provide the name and contact information of other people who can make decisions about your dog's veterinary care should we not be able to reach you in a timely manner.

Name and contact information:





Has your dog ever bitten a person, another dog or any other animal? Date(s):

Please describe the situation(s) and extent of any injuries:

DAILY ROUTINE

Eats meals at: AM and PM

S/he eats cups of brand food per meal.

Is normally crated for hours per day, from to .

Is housetrained: perfectly almost not really.

Goes out to potty times per day at hour intervals.

Goes to bed at: PM and sleeps (where)

My dog responds most of the time to the following (Please list when you normally ask your dog to respond to these cues, such as before eating meals, at doorways, for treats, etc.):

Her/his name:

Sit:

Down:

Come:

Stay (include your release word):

Wait (include your release word):

Watch me/Look:

Leave it:

Drop it/Give it:

Walks well on leash without pulling (what verbal cue do you use, if any):

Heel:

Others (please specify):





List any specific behavior issues you are having and when they occur (jumping, barking, etc.):

[PLEASE ASSEMBLE THIS CHECKLIST OF ITEMS TO BRING WITH YOUR DOG:](#)

- Food - there is enough to last the entire stay plus a bit extra just in case
- Food bowl - so your dog can eat out of the bowl to which s/he is accustomed
- Medications or supplements, if applicable - please include specific instructions for how much to give and when:

- Treats - supply any treats you would like us to use for your dog; please specify if there are certain times you use these treats (i.e., going in kennel, at bedtime, etc.):

- Kennel/Crate (REQUIRED) and Bedding
- Properly fitted collar with appropriate tags (contact info, rabies); harness or head halter if used for walking (no choke chains or prong collars)
- Leash - 6 foot leash (we do not walk dogs on retractable leashes, so please leave it at home if you have one)
- Toys - we have many toys that your dog is welcome to play with; if you have a few favorites you would like to send along, please feel free. If your dog destroys or is not safe with certain types of toys, please let us know. Please list toys you are sending below:
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 -

Other items you are sending with your dog during her/his stay. Please list:

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If needed, please use space below for additional notes

[We hope you enjoy your trip! Please feel free to call and check in on your dog if you would like. However, s/he will be well cared for so there is no need to worry about her/him!](#)

