

# Enrollment form for Cannon Valley Vet Boarding



## Socialized play & Doggy Daycare

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Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Address \_\_\_\_\_ email \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Would you like to receive promotional  
material via e-mail? Y or N  
Emergency Contact Person \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Veterinarian's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Pet Information**

Pet's Name \_\_\_\_\_ Sex: Male Female Spayed Neutered  
Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ #  
Date of birth/age \_\_\_\_\_

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Will you bring your pet's own food Y or N (We provide Nutro Lamb & Rice or Science Diet Adult)  
Feeding Frequency & Amount 1x day 2 x day  
amount \_\_\_\_\_

Does your pet have? Please explain/list below  
-Food Allergies Y or N \_\_\_\_\_  
-Medication Allergies Y or N \_\_\_\_\_  
Is your pet on any medications? Y or N \_\_\_\_\_  
Please list any other concerns/special health needs your pet has \_\_\_\_\_  
\_\_\_\_\_

List games or activities your pet enjoys \_\_\_\_\_  
\_\_\_\_\_

Is your pet housetrained Y or N  
Has your pet had any obedience training Y or N list type \_\_\_\_\_  
Have you ever boarded your pet Y or N place \_\_\_\_\_  
-If yes, please describe your pet's experience \_\_\_\_\_

Please circle any situation that may cause your pet to become unfriendly  
Grabbing collar hugs touching while asleep other pets approaching  
Touching ears/paws/nose/mouth/tail other \_\_\_\_\_

In these situations, please circle your pet's usual response(s)  
Moves away trembles freezes shows teeth growls may bite will bite  
-has your pet ever bitten another pet Y or N describe \_\_\_\_\_  
-has your pet ever bitten a person Y or N describe \_\_\_\_\_  
-Is your pet food aggressive? Y or N describe \_\_\_\_\_

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The following is a list of preventative health care requirements for guests. Please list date given for the items listed below. A certificate of vaccination must be provided to us prior to arrival date along with proof of year-round flea preventative and intestinal parasite control. If there is no evidence of flea preventative we will apply Frontline at the owner's expense.

| Vaccine/service/product        | Date Given | Date Due |
|--------------------------------|------------|----------|
| Rabies                         |            |          |
| DHPP (distemper)               |            |          |
| Bordetella                     |            |          |
| Flea/Tick Preventative         |            |          |
| Intestinal Parasite prevention |            | type:    |
| PCTC (feline distemper)        |            |          |

For Office Use Only

Temperament assessment:

Scheduled

Completed

Comments: \_\_\_\_\_

\_\_\_\_\_