

Sacramento Pet Boarding and Resort

PET INFORMATION

 Pet's first and last name

 Canine/Feline

 Breed

 Color

 DOB/Age

 Sex

 Male: Neutered?

 Female: Spayed?

VACCINATIONS

To ensure your pet's health, we recommend that all vaccinations be administered two weeks prior to check-in. If they are not administered two weeks prior to check-in, you acknowledge that your pet is not properly protected by the vaccine. All overdue vaccines will be administered at the time of check in. You also acknowledge that although your pet may be properly vaccinated, there is still a risk your pet may become ill while boarding.

Required canine vaccines:	Due:
DHPP	
Bordetella	
Rabies	
Administering clinic:	

Required feline vaccines:	Due:
FVRCP	
Rabies	
Leukemia (Strongly recommended)	
Administering clinic:	

Who is your pet's regular veterinarian? _____

GENERAL INFORMATION

How long have you had your pet? _____

Where did you get your pet? _____

Which descriptions best fit your pet's personality? *Please circle all that apply.*

Outgoing		Friendly		Timid/Shy		Excitable	
Affectionate		Submissive		Pushy		Quiet or subdued	
Playful		Gentle		Insecure/Clingy		Full of energy	

MEDICAL INFORMATION

- Does your pet have any chronic health problems or traits we should be aware of?

- Does your pet have any allergies? If so, to what?

- Does your pet require any medication? (There is a medication handling fee of \$5/day for 1 medication, \$10/day for 2 medications, or \$15/day for 3 or more medications)

BEHAVIOR



- Has your cat ever hissed at anyone? ___NO ___YES
- Has your cat ever clawed at or bit anyone? ___NO ___YES



- If your dog passes our temperament screening process, may we include him or her in group play with other approved dogs? ___NO ___YES
- Is your pet... ___ Aggressive towards people? ___ Aggressive towards dogs?
___ Destructive? ___ a chewer?
- Does your dog climb or jump fences? ___ NO ___ YES
- Has your dog ever growled or snapped at anyone? ___ NO ___ YES
- Has your pet ever bit or injured another dog or cat? ___ NO ___ YES
- Has your pet ever bit another person? ___ NO ___ YES If yes, please describe:

- Please list any other behavioral concerns that were not addressed above.

- How does your dog act around other dogs? *Check all that apply.*

Extremely playful	Somewhat playful	Prefers to be left alone	Shy/Fearful
Plays Roughly	Aggressive	Mounts while playing	Prefers people
Barks at other dogs	Submissive (rolls over)	Not good with small dogs	Likes small dogs
Dominant/Wants to be in charge	Shy at first, but warms up	Not good with big dogs	Likes big dogs

- Is there any additional information you would like to tell us about your pet?

Owner's signature

Date

Version 8/27/16