



Boarding Check-In Questionnaire

Owner Name: _____

Owner Phone: _____

Emergency Contact Name: _____
(someone that is not traveling with you)

Emergency Contact Number: _____

Pet Information:

Name: _____

Species: Dog Cat

Breed: _____

Color: _____

Date of Birth: ____/____/____ or estimated age:

Sex: Male or Female Spayed/ Neutered Y N

Weight: _____ lbs

Special

Needs: _____

Diet and Medications: Brand of Food:

_____ Flavor: _____

Feeding instructions: Feed: _____ amount _____ times per day.

Treats: Owner Provided: _____ House

Treats: _____

Food

Allergies: _____

Medication

Instructions: _____

Any major changes in the house since the last visit?
