

1) Are they eating and drinking normally at home?

- Yes
- No, please explain _____

2) Has your pet recently had any of the following symptoms?

- Vomiting
- Diarrhea
- Coughing
- Sneezing

If so, please describe _____

3) How much and how often do you feed your pet at home? (*example 1 cup, twice daily*)

4) Will you be bringing in their food or do you want us to use the Kennel's food?

- I will bring from home
- I want my pet to use the Kennel's food

5) Is your pet currently on any daily medications?

- Yes
- No

5A) If they are currently on daily medications, please list below the name of the medication and how often should they be administered?

Medication:

Dose:

Frequency of Medication:

Medication:

Dose:

Frequency of Medication:

6.) Is your pet up to date on Flea and Tick Prevention? What are they on? Where did you purchase it?

7.) Is your pet up to date on Heartworm Prevention? What are they on? Where did you purchase it?

8.) Who will be your Emergency Contact while your pet is in our care? This person must be available in case of emergency closure of the hospital.

Name:

Contact Information:

Any additional services/add ons?

Bath Package

Frozen Peanut Butter Kong

Individual Play

Doggie Daycare (must have temperament test)