

Buddy Boarding Fitness

Name: _____

Address: _____

Telephone: _____

Preferred Method of Payment: _____

Dog(s) Name: _____

Dog(s) Breed: _____

Dog(s) Age: _____

Weight of pet(s): _____

Medical problems: Please list any allergies, old or new injuries, restrictions to activities, and/or any health concerns we should be aware of:

Is a regular flea/tick control program being used for your pet(s): _____

Is a regular heartworm preventative being used for your pet(s): _____

Is your pet licensed and tagged? _____

Is your pet micro-chipped or tattooed? _____

Does your pet(s) get along with other animals?

Has your pet shown aggression toward and/or bit anyone?

Does your pet(s) have any behavioral issues, phobias, anxieties, or unusual habits we should be aware of?

Is your pet(s) leash trained? _____

Does your pet(s) know basic obedience commands (i.e. "Sit", "Stay", "Down"):

Favorite treat(s): _____

Favorite toy(s): _____

Favorite Activities: _____

Which services are you interested in: _____

Are you interested in our fitness program:

If yes, do you have any specific goals for your pet(s):

Is your pet(s) a car rider: _____

If yes, do you have any specific requirements for car-riding:

Any additional information:

Veterinarian information

Vet name:_____

Vet Telephone number:

Vet Address:

Do we have permission to take your pet(s) to his or her vet, if needed:

YES

NO

Emergency Contact Information

Emergency contact name:

Relationship to client:

Telephone Number:

Address:_____

Do we have permission to contact this person, if needed:

YES

NO