



## New Boarding Client Animal History Form

Please fill out the following information to help make your pet's transition from home to boarding as easy as possible.

**Pet Name:** \_\_\_\_\_ **Client Name:** \_\_\_\_\_

Primary Vet Hospital: \_\_\_\_\_

Vet Phone: \_\_\_\_\_ Preferred Doctor: \_\_\_\_\_

Would you like us to request records from your primary vet?    Yes    /    No

\*If yes please list Name and Contact information \_\_\_\_\_

### **Health History:**

Does your pet have any of the following? If yes, please explain:

|  |          |               |
|--|----------|---------------|
| Physical Limitations?<br>(stairs, weather,<br>exercise?) | Yes / No | <u>Notes:</u> |
| Allergies?   | Yes / No | <u>Notes:</u> |
| History of a heart<br>condition?                         | Yes / No | <u>Notes:</u> |
| History of Seizures?                                     | Yes / No | <u>Notes:</u> |
| History of Diabetes?                                     | Yes / No | <u>Notes:</u> |

### **Pet Demeanor and Habits:**

Please answer the following about your pet:

|  |               |               |
|--|---------------|---------------|
| Has your pet boarded<br>before?            | Yes / No      | <u>Notes:</u> |
| Is your pet protective<br>of food or toys? | Yes / No      | <u>Notes:</u> |
| Is your pet an escape<br>artist?           | Yes / No      | <u>Notes:</u> |
| Does your pet shred<br>bedding or toys?    | Yes / No      | <u>Notes:</u> |
| Walking Habits?<br>(leash, harness, etc.)  | <u>Notes:</u> |               |

**How does your pet respond to seeing the following?**

|             |  |
|-------------|--|
| Other Dogs: |  |
| Other Cats: |  |
| Males:      |  |
| Females:    |  |

**Additional Comments/Information:**

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_