

Carol's Boarding Application

Drop-off Date: _____ Drop-off Time:
_____AM/PM

Pick-up Date: _____ Pick-up Time:
_____AM/PM

If you are looking for overnight boarding during the peak season of Memorial Day through Labor Day, please call and check the office for boarding availability before submitting the application form.

Dogs must be at least 16 weeks of age.

We require current Rabies, Distemper, Lepto, Parvo, Influenza and Bordetella shots. We must have Veterinarian letterhead showing the above current vaccines.

We will be happy to provide our "House" food to your dog; however, sudden food changes can result in stomach upsets, so please bring food for your dog. With medications and food, please bring enough for your pet's stay plus a few days extra in case of emergency or extended stay. Please bring your dog's food in a container if possible. Wet food and additives are fine because we have a refrigerator.

Please bring your dog's bed, blanket or towel that smells like home. It will allow him/her to feel more comfortable. Any stuffed animal, ball or rope is also fine.

Owner's Information:

Parent's Name:

Address:

City / State / Zip Code:

Mobile Phone Number:

Phone Number:

E-Mail Address:

Emergency Contact Information:

Secondary Emergency Contact Name:

Relationship to Owner:

Phone Number:

Vet's Name:

Vet's Address:

Vet's Phone Number:

Pet Information

Dog's Name:

Dog's Sex: _____ Male or _____ Female

Spayed or Neutered? : _____ Yes or _____ No

Dog's Breed:

Dog's Color:

Dog's Date of Birth/Age:

Are there any kids in your household? _____ Yes or _____ No

Is your dog mouthy or does he nibble you? _____ Yes or _____ No

Is your dog house trained? _____ Yes or _____ No

Is your dog leash trained? _____ Yes or _____ No

How often do you walk your dog?

How much exercise does your dog get daily?

Is your dog crate trained? _____ Yes or _____ No

Has your dog had obedience training? _____ Yes or _____ No

What commands does your dog know?

What brand of food does your dog eat?

Amount & times per day?

Does your dog have any dietary restrictions? _____ Yes or _____ No

If yes, what are they?

Average bathroom schedule

Does your dog have a bathroom command? _____ Yes or _____ No

If yes, what is it?

Average bedtime?

Does your dog have any allergies? _____ Yes or _____ No

If yes, what are they?

Does your dog take medications? _____ Yes or _____ No

If yes, what kind and for what?

Does your dog have any current health concerns? _____ Yes or
_____ No

If yes, what are they?

Has your dog ever had a seizure? _____ Yes or _____ No

Is your dog frightened by any noises? _____ Yes or _____ No

If yes, what are they?

Is your dog frightened around anything else? _____ Yes or _____ No

What happens when someone tries to take food or toys away from your dog?

Does your dog share well? _____ Yes or _____ No

If no, what happens?

Does your dog show any destructive behaviors when you aren't home?

_____ Yes or _____ No

If yes, what?

Does your dog growl? _____ Yes or _____ No

Has your dog ever bitten anybody? _____ Yes or _____ No

If yes, what were the circumstances?

Has your dog ever jumped or climbed over a fence? _____ Yes or
_____ No

If yes, how high and why?

What type of toys does your dog like?

What activities does your dog enjoy?

Does your dog get along well with other dogs and puppies? _____ Yes or
_____ No

If no what happens?

How does your dog get along with strangers?

Are there any types of people that your dog automatically dislikes or fears?

_____ Yes or _____ No

If yes, who and why?

Does your dog have sensitive areas on its body? _____ Yes or _____
No

If yes, where?

Would you be interested in taking Obedience/Training Classes here?

_____ Yes or _____ No

Would you like your dog bathed or groomed before pick up? (10% discount given)

_____ Yes or _____ No

Please Describe Any Other Information You Feel We Should Know To Ensure That Your
Dog Has A Safe And Happy Time At

Carol's: _____
