



BOARDING QUESTIONNAIRE

Date Completed:

Client ID:

Patient ID:

Client Name:

Name:

Address:

Species:

Breed:

Sex:

Telephone:

Color:

Markings:

Birth Date:

Help us take care of your pet by sharing any concerns. Let us know if there is anything we did NOT ask on this form that you think may be relevant to improving your pet's enjoyment during their time with us.

Please explain the following THOROUGHLY!

Thank you so much!

- | | | |
|-----|----|---|
| YES | NO | Has your pet boarded anywhere else before? |
| YES | NO | Were there any problems when boarding in the past? |
| YES | NO | Any allergies to foods, vaccines, medications, or treats? |
| YES | NO | Has your pet ever chewed up string, toys, or bedding? |
| YES | NO | Does your pet exhibit any sort of anxiety or fears? |
| YES | NO | Has your pet ever bitten or scratched you? |
| YES | NO | Has your pet ever bitten/ scratched anyone else? |
| YES | NO | Did the scratch break the skin? |
| YES | NO | Do any of the following stimulate anxiety in your pet? |
| | | Nail trimming Touching ears Touching the tail |
| | | Touching the feet OTHER: |
| YES | NO | Does your pet have restrictions regarding food or treats? |
| YES | NO | Is your pet a hearty eater? |
| YES | NO | Do any of the following trigger vomit or diarrhea in your pet? |
| | | New foods Nervousness Anger |
| YES | NO | Is your pet active or generally more quiet? |
| YES | NO | Does your pet enjoy being scratched or brushed? |
| YES | NO | What is your pet's favorite play activity? |
| YES | NO | Does your pet have a microchip? |
| YES | NO | Are you interested in microchipping your pet? |

Is there anything else you would like us to know about your pet?

Client Signature:

Staff: