



DOG INTAKE INFORMATION

Full Name of Owner: _____

Name of Dog: _____ Breed/Mix: _____

Color: _____ Sex: F M Neutered/Spayed? Yes No

Age: _____ Approximate Weight: _____ Temperament: _____

Medications? Yes No If Yes, please list: _____

Allergies? Yes No If Yes, please list: _____

Dog Vaccination Due Dates (Owner must provide copy of vaccination records):

Rabies: _____ Distemper/Parvo (DHPP): _____

Rattlesnake Vaccination: _____ Bordetella: _____

Microchip Number: _____

Preferred Veterinarian: _____ Telephone Number: () _____

Special Needs: _____ Special Diet: _____

Reason for admittance (i.e. just boarding and/or behavior/training issues to address):

Date of Arrival: _____ Expected Departure Date: _____