

PET APPLICATION FOR NEW GUESTS

GENERAL INFORMATION:

Last name: _____ First name: _____

Home Phone: _____ Work phone: _____ Other phone: _____

Home address: _____

E-mail address: _____

Alternate Emergency contact: _____ Phone: _____

Your pet's name: _____ ☐ Cat ☐ Dog Breed: _____

Sex: ☐ Male ☐ Female Neutered or spayed? ☐ Yes ☐ No

Age: _____ Weight: _____ Your veterinarians name: _____

Your veterinarians address and phone:

How did you hear about us? _____

FEEDING:

Do you feed your pet ☐ Once per day ☐ Twice ☐ Other (please provide detailed feeding instructions.
For all deep-chested dogs, we recommend feeding twice per day to avoid Bloat)

How much do you give them at each feeding? _____

What type of food do you normally use? _____

Do you want us to feed Life's Abundance holistic pet food while here? ☐ Yes ☐ No

Does your pet require any special food handling or have any dietary restrictions? ☐ No ☐ Yes (specify)

MEDICATION:

Is your pet on any type of medication? ☐ No ☐ Yes (specify)

Does your pet have any type of health issues, past or present that we should be aware of?

FLEA & TICK PREVENTION:

What type of flea & tick meds do you use? _____ Date of last application: _____

DATES OF CURRENT VACCINATIONS:

Dogs- DHLPP _____

Cats- FVRCP _____

Rabies _____

Rabies _____

Bordatella _____

PET HISTORY:

How long have you had your pet? _____

How do you correct your pet (for example; leash & collar, yelling & scolding, time-out, spankings, etc.)

Has your pet ever growled at or bitten other pets? (If yes describe) _____

Has your pet ever growled at or bitten a human? (If yes describe) _____

Has your pet ever been attacked by another animal? _____

Does your pet ever:

☐ Tend to bark, whine or meow a lot?

☐ Climb fences?

☐ Suffer from separation anxiety?

☐ Guard its food or toys?

☐ Have any physical limitations?

☐ Go to a dog park?

☐ Stay at another kennel?

☐ Attend daycare?

☐ Play with other pets?

☐ Have fear of anything in particular (for example loud noises, lightning, larger animals, etc.) If so, how do they react?

☐ Have any other special needs or anything else we should be aware of while they are with us?

Special Notes: _____
