



Owner's Last Name _____ Date: _____

1st Pet's Information

Pet's Name _____

Breed _____ Weight _____

Markings _____ Age _____

Unique Physical Features _____

Does your pet have temperament issues: shyness, fear, aggression, etc.? _____

Any medical issues? _____

Allergies? _____

2nd Pet's Information

Pet's Name _____

Breed _____ Weight _____

Markings _____ Age _____

Unique Physical Features _____

Does you pet have temperament issues: shyness, fear, aggression, etc.? _____

Any medical issues? _____

Allergies? _____

General Questions - helps us get to know your pet(s) better to provide the best care.

	Pet 1:			Pet 2:		
	Yes	No	Not Sure	Yes	No	Not Sure
Has your dog been boarded before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your dog used to being in a crate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog have separation anxiety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog escaped a fence (over or under)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your dog get along well with other dogs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you enrolling in Doggy Daycare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your dog ever attended Doggy Daycare?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are your reasons for Daycare? Socialization and Play Exercise Long Day

Other _____

Pet 1: Favorite Activities

- Ball Frisbee "Keep Away"
- Tug o'War Cuddle Belly Rubs
- Brushing Massage

Other _____

Pet 2: Favorite Activities

- Ball Frisbee "Keep Away"
- Tug o'War Cuddle Belly Rubs
- Brushing Massage

Other _____

Any additional information to help us care for your dog _____

How did you hear about Suzy's Bed and Biscuit? Please be specific. Thank you!

- Current Customer Friend Veterinarian Website Flyer

Please give us the name of the referral _____