



Pet # \_\_\_\_\_

## **Laughing Dog Kennel Boarding Admission Form**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your pet's health and happiness are our primary concerns. If the Staff notices a medical problem they will attempt to contact you immediately, if you cannot be reached we will attempt to contact your Emergency Contact. A valid emergency contact number **MUST** be provided upon check-in. The emergency contact person **MUST** be an adult, capable of making decisions for you regarding your pet's health & able to be reached within the continental U.S. We will notify your Emergency Contact person & they can call your veterinarian/arrange for transportation & treatment. You will assume full financial responsibilities for any veterinary charges by your veterinarian.

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Method of Payment: \_\_\_\_\_ Deposit: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Ph. \_\_\_\_\_

### **Attach vaccination proof from veterinarian.**

Last DHP-P Date: \_\_\_\_\_ Last Rabies Date: \_\_\_\_\_

Last Bordetella Date: \_\_\_\_\_

### **Your Dog's Information**

Dog's Name: \_\_\_\_\_ Color: \_\_\_\_\_

Breed(s): \_\_\_\_\_ Age: \_\_\_\_\_

Male / Female (circle)

Spayed / Neutered (circle)

Brand of food: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

\_\_\_\_\_

Is your dog allergic to peanut butter? \_\_\_\_\_

Any Past Health Issues: \_\_\_\_\_

Any Current Health Issues/Concerns: \_\_\_\_\_

Any Medications: yes / no Instructions: \_\_\_\_\_

\_\_\_\_\_

Personality Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any Fears? (thunderstorms, etc.): \_\_\_\_\_

\_\_\_\_\_

Does your Dog vomit or get diarrhea when stressed? \_\_\_\_\_

Is your dog an escape artist? \_\_\_\_\_ Fence climber? \_\_\_\_\_

Digger? \_\_\_\_\_ Jumper? \_\_\_\_\_ Barker? \_\_\_\_\_

Does your dog destroy/shred toys, beds, blankets? \_\_\_\_\_

Typical Energy Level (circle):

Very High    High    Medium    Low    Sedentary

Does your dog know any Obedience commands (circle)?

Sit    Down    Stay    Leave It    Heel

Favorite Activities for Play Time (fetch, tug, pet-time, free roaming, etc):

\_\_\_\_\_

\_\_\_\_\_

Eating Habits (gobbles food, picky, loss of appetite in new places, etc.):

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**Any History of the following Medical Conditions?**

Bloat (gastric torsion): yes / no Date/Treatment: \_\_\_\_\_

Seizures: yes / no Date/Treatment: \_\_\_\_\_

Any other Medical History we should be aware of: \_\_\_\_\_

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Any other information you would like us to know about your Dog which would help us in giving him/her the best care while he/she is here:

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