

ALL PETS MUST BE SPAYED OR NEUTERED TO PLAY! MUST ALSO BE UP TO DATE WITH FLEA/TICK PREVENTION!

Owner's Name:	Pet's Name:			
Dog's Breed:	Color:	Age:	Sex:	Fixed?
How does your pet interact/get along	with other animals?			
How often is your pet around other a	nimals?			
Does your pet have any allergies?	If yes, what aller	gies?		
Does your pet have any sensitive area If so, where?				
Does your pet act afraid of a specific If yes, please explain:				
How does your pet interact with strar	ngers or new people?			
What is your normal feeding routine?				
Any special feeding instructions?				
Has your pet ever bitten any others a If so, what were the circumstances?_				
Has your pet ever "snapped" at anyon If so, what were the circumstances:_			er?	
Does your dog like to play with toys?_	If so, what t	ype?	4	
Does your pet chew on blankets, bed	s, towels and/or eat the	em while kenneled?		
Can your pet jump and/or climb fence	es?			
Animal Medical Center will take ever illness, injury, weight loss, CIRD (chrounfortunately dogs will be dogs and escape. Animal Medical Center is not our control. For example, certain discepter cannot control all aspects of y developed during or after boarding a	onic infectious respirate sometimes unexpected responsible for any in eases are multifactoria your pet's health. There	ory diseases), diarrhea d events can occur that jury or illness that occ l (stress, age, vaccinati efore, we are not respo	and pet to pe t result in pet i urs while in ou ion status, etc. onsible for any	t injuries. injury, illness, or ir care that is beyond) and Animal Medical respiratory illnesses

Date:_

Owner's Signature_