

Day Care Information Sheet

Heather's Fur Babies

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**Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner's Name: _____ Dog's Name: _____ Sex: _____ Date Altered: _____

Address _____ email _____

Breed: _____ Colors/Markings: _____

Where did you get your dog: _____ How long have you owned dog: _____

Has your dog every attended a boarding facility: Yes No If yes, where: _____

Pet's Health Record (must be accompanied by veterinarian records):

Date of Last Check-up: _____ Vet Clinic you use _____

Flea/Tick Preventative: _____ Date Last Given: _____

Any known allergies, medical problems or restrictions:

Has your dog been ill with any communicable diseases in the past month: Yes No

If yes, please describe: _____

Vaccination Dates: Rabies _____ DHPPV _____

Walks:

Please describe your leash: _____

Does your dog choke on the leash:

Are there any special instructions to relinquish pulling/choking:

Playtime:

Will you be supplying any toys for your dog:

Is your dog possessive of these toys:

If yes, please list and describe:

Are there any special games your dog enjoys:

Please list and describe:

Personality

Is it okay for your dog to play with other animals:

If yes, which breed or type of dog does your dog get along with:

If no, please explain why or what breed / type of dog:

Does your dog have any aggressions toward other animals or people:

If yes, please describe:

Has your dog ever bitten or been bitten:

If yes, please describe:

Does your dog bark/whimper a lot:

Does your dog dig/scratch:

Does your dog get frightened easily:

Does your dog try to escape:

If yes, please describe all circumstances:

Where does your dog like/not like to be touched: _____

What commands does your dog know:

Sit Give Paw Other: _____

Stay Come Other: _____

Bedtime Time to eat Other: _____

Is your dog house trained:

Is your dog crate trained:

What is your dog's potty command: _____

Anything else we should know:

I, _____, have entered the above information as truthfully and accurately as possible.

Client Signature

Date
