

**FUR BABY Info Sheet**  
**Heather's Fur Babies**  
**24541 670th Ave Nevada Ia 50201**  
515-230-1753  
furbabies@hfbboarding.com  
www.furbabies4.com

*\*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: M / F Date Altered: \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Email \_\_\_\_\_

Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

Where did you get your dog: \_\_\_\_\_ How long have you owned dog: \_\_\_\_\_

Has your dog ever attended a boarding facility: Yes No If yes, where: \_\_\_\_\_

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

Date of Last Check-up: please attach copy of vaccines

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 \_\_\_\_\_

**Feeding Instructions:**

PLEASE bring your own dogs food with him/her this is what is best for them, thank you. I will provide bowls.

Quantity: \_\_\_\_\_

Treats: \_\_\_\_\_

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

Foods to Avoid: \_\_\_\_\_

Medications: \* If dog takes meds please bring with what you give them there pill with!!!!!!!!!!

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## **Playtime:**

Will you be supplying any toys for your dog:    Yes    No

Is your dog possessive of these toys:                Yes                No

If yes, please list and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any special games your dog enjoys:    Yes                No

Please list and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Personality**

Is it okay for your dog to play with other animals:    Yes                No

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

\_\_\_\_\_

\_\_\_\_\_

If no, please explain why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog have any aggressions toward other animals or people:    Yes                No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your dog ever bitten or been bitten:    Yes                No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your dog bark/whimper a lot:                Yes                No

Does your dog dig/scratch:                        Yes                No

Does your dog get frightened easily:            Yes                No

Does your dog try to escape:                      Yes                No



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:    Yes    No                      Is your dog crate trained:    Yes                      No  
What is your dog's potty command: \_\_\_\_\_

**Sleeptime:**

We will provide a Kuranda raised cot for each kennel and a rug, if you would to bring any additional beds or blankets please feel free to do so. Bring anything that you think your fur baby would like to have, anything that will make them feel more at home.

Anything else we should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date