

DOG **INFORMATION FORM**

NO DOG WILL BE ACCEPTED WITHOUT PROOF OF CURRENT VACCINATIONS

Vaccinations	s, including kennel cough for dogs, mus	t be completed a minimum of 14 days be	efore boarding commences.
DOG'S NAME(S):			
DATE OF BIRTH / AGE:			
BREED:			
SEX:	Male / Female	Male / Female	Male / Female
NEUTERED / SPAYED?	Yes / No	Yes / No	Yes / No
TEMPERAMENT: (Calm, Bouncy, Timid, Snappy)			
MICROCHIP NUMBER:			
INSURED?	Yes / No	Yes / No	Yes / No
ON MEDICATION?	Yes / No	Yes / No	Yes / No
ANY ALLERGIES? (If yes give details)	Yes / No Details:	Yes / No Details:	Yes / No Details:
ANY LUMPS / SCARS? (If yes give details)	Yes / No Details:	Yes / No Details:	Yes / No Details:
VET'S PRACTICE:			I
VET'S NAME:		TELEPHONE NUMBER:	
FEEDING HABITS			
DRY FOOD PREFERENCE?	Adult - Lamb, Chicken, Salmon, Pork / Puppy / Senior / Weight Loss / Sensitive / None / Own	Adult - Lamb, Chicken, Salmon, Pork / Puppy / Senior / Weight Loss / Sensitive / None / Own	Adult - Lamb, Chicken, Salmon, Pork / Puppy / Senior / Weight Loss / Sensitive / None /
WET FOOD PREFERENCE?	Pedigree Chum / Butchers Tripe / Chappie / None / Any /	Pedigree Chum / Butchers Tripe / Chappie / None / Any /	Pedigree Chum / Butchers Tripe / Chappie / None / Any /
	Own	Own	Own
HOW MANY FEEDS?	1 / 2 / 3 meals per day	1 / 2 / 3 meals per day	1 / 2 / 3 meals per day
ALLOWED TREATS?	Yes / No	Yes / No	Yes / No
FUSSY EATER?	Yes / No	Yes / No	Yes / No
GRAZER?	Yes / No	Yes / No	Yes / No
BEHAVIOURAL HAB	ITS		
PERMISSION TO SOCIALISE (Details of any concerns you may have about your dog's behaviour around other dogs)	Yes / No	Yes / No	Yes / No
	ATION YOU WOULD LIKE TO TELL US		

VACCINATION DETAILS

DOG'S NAME(S):			
DATE ANNUAL BOOSTER GIVEN:	Checked By/Date	Checked By/Date	Checked By/Date
DATE KC VAC GIVEN:	Checked By/Date	Checked By/Date	Checked By/Date
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