

NO DOG WILL BE ACCEPTED WITHOUT PROOF OF CURRENT VACCINATIONS

Vaccinations, including kennel cough for dogs, must be completed a minimum of 14 days before boarding commences.

DOG'S NAME(S):			
DATE OF BIRTH / AGE:			
BREED:			
SEX:	Male / Female	Male / Female	Male / Female
NEUTURED / 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:			
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 / Own
WET FOOD PREFERENCE?	Pedigree Chum / Butchers Tripe / Chappie / None / Any / Own	Pedigree Chum / Butchers Tripe / Chappie / None / Any / Own	Pedigree Chum / Butchers Tripe / Chappie / None / Any / 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 HABITS

PEMISSION TO SOCIALISE (Details of any concerns you may have about your dog's behaviour around other dogs)	Yes / No	Yes / No	Yes / No
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ANY OTHER INFORMATION YOU WOULD LIKE TO TELL US ABOUT YOUR DOG(S):

For example: medical conditions, ex-rescue, barks excessively, destructive, sometimes bites, nervous of strangers

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VACCINATION DETAILS

DOG 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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