

Ph:(907)892-0123  
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## BOARDING APPLICATION:

### **OWNER INFORMATION:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Do you receive texts? Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Alternative Person(s) to pick up pet(s) ID REQUIRED**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**PET 1 INFORMATION:**

Name \_\_\_\_\_

Breed \_\_\_\_\_ Weight \_\_\_\_\_

Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Neutered Male \_\_\_\_\_ Spayed Female \_\_\_\_\_

Method of flea control: \_\_\_\_\_

Does your pet have an I.D. tag? Yes \_\_\_\_\_ No \_\_\_\_\_ (*ID tags are required*)

Is your Pet housebroken? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your Pet ever had kennel cough? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your Pet ever been boarded or attended pet daycare? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever bitten a person or another pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Has your pet ever been aggressive towards people or other pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Is your pet a digger, jumper, climber, escape artist? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Please describe any physical or medical issues (*include seizures, anxiety, food allergies, etc.*):

\_\_\_\_\_

Food Brand? \_\_\_\_\_

Is your pet allowed treats? Yes \_\_\_\_\_ No \_\_\_\_\_ Toys? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet allowed on furniture? Yes \_\_\_\_\_ NO \_\_\_\_\_

Does your pet chew or have destructive behaviors? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your pet like other pets? Yes \_\_\_\_\_ NO \_\_\_\_\_

Current Vaccinations Requires:

Dogs: Rabies \_\_\_\_\_ DA2PP \_\_\_\_\_ Bordetella \_\_\_\_\_

Cats: Rabies \_\_\_\_\_ FVCP \_\_\_\_\_

Comments/concerns we should know:

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**PET 2 INFORMATION:**

Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

Color: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Neutered Male \_\_\_\_\_ Spayed Female \_\_\_\_\_

Method of flea control: \_\_\_\_\_

Does your pet have an I.D. tag? Yes \_\_\_\_\_ No \_\_\_\_\_ (*ID tags are required*)

Is your pet housebroken? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever had kennel cough? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever been boarded or attended pet daycare? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever bitten a person or another pet? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your pet ever been aggressive towards people or other pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Is your dog a: digger \_\_\_\_\_ jumper \_\_\_\_\_ climber \_\_\_\_\_ escape artist \_\_\_\_\_

If yes, please explain:

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Please describe any physical or medical issues (*include seizures, anxiety, food allergies, etc.*):

\_\_\_\_\_

Food Brand? \_\_\_\_\_

Is your pet allowed treats? Yes \_\_\_\_\_ No \_\_\_\_\_ Toys? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your pet allowed on furniture? Yes \_\_\_\_\_ NO \_\_\_\_\_

Does your pet chew or have destructive behaviors? Yes \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

Does your pet like other pets? Yes \_\_\_\_\_ NO \_\_\_\_\_

Current Vaccinations Requires:

Dogs: Rabies \_\_\_\_\_ DA2PP \_\_\_\_\_ Bordetella \_\_\_\_\_

Cats: Rabies \_\_\_\_\_ FVCP \_\_\_\_\_

Comments/concerns we should know:

\_\_\_\_\_

**PREFERRED VETERINARIAN CLINIC:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_/

City / State / Zip

***NOTE: We require proof of vaccinations (Rabies, DHLPP, Parvo, Bordetella) to be faxed or brought in on your pet's first visit!***