

New Pet Lodging Questionnaire

Date: _____

1. Have you noticed any vomiting, diarrhea, coughing, and/or sneezing over the last month? **YES/NO**

If so, what symptoms have you noticed, and how long have you noticed them?

2. Has your pet been treated for kennel cough or any other infectious diseases in the past month? **YES/NO**

If so, what meds has your pet been prescribed? Are they still experiencing symptoms?

3. Does your pet have any injuries, open wounds, bleeding sores, and/or bumps/lumps that we should be made aware of? **YES/NO**

If so, please describe the area here:

4. Does your pet eat well at home? **YES/NO**

If no, on a typical day, what is your pet's eating routine?

5. Is your pet on a prescription food diet? **YES/NO**

If so, what is the full brand name/type of food:

6. Does your pet have any allergies or food restrictions that we should be made aware of? **YES/NO**

If so, please list them here:

7. Does your pet have any chronic health issues? **YES/NO**

If so, list them here:

8. Do you feed your pet with a slow-feeder bowl at home? **YES/NO**

9. Does your pet need to be harness-walked only? **YES/NO**

10. Is there any information not listed above that we should be made aware of prior to your pet boarding?

YES/NO

If so, please explain here:

Emergency Contacts

Please put the contacts in the order in which we should call them.

Call 1st	Call 2nd
Name:	Name:
Phone Number:	Phone Number:
Email:	Email:

Medications

NAME	DOSAGE	AMOUNT/FREQUENCY

If we are not your regular veterinarian, please fill out the following information:

- A. **Name of Veterinary Office:** _____
- B. **Veterinary Office Phone Number:** _____
- C. **Name of last veterinarian who has examined your pet:** _____