

Meow, Bark, and Board, INC

Pet Information Form

Owner Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Dog or Cat: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

Color: \_\_\_\_\_ Markings: \_\_\_\_\_ Weight: \_\_\_\_\_

Birth Date (m/d/yr): \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Behavior Questions

Has your pet been successfully socialized with people? \_\_\_\_\_

Is your pet aggressive towards strangers? \_\_\_\_\_

Is your pet aggressive towards other animals? \_\_\_\_\_

Has your pet ever bitten a human or other animal? \_\_\_\_\_

Please check the following behavior issues that apply to your pet

Separation Anxiety \_\_\_\_\_ Jumps Up \_\_\_\_\_

Food Allergies \_\_\_\_\_ Runs Away \_\_\_\_\_

Barks Excessively \_\_\_\_\_ Shy \_\_\_\_\_

People Possessive \_\_\_\_\_ House Soils \_\_\_\_\_

No grabbing collar \_\_\_\_\_ Allergies \_\_\_\_\_

Picky Eater \_\_\_\_\_ Stool Eater \_\_\_\_\_

Climbs fences or has escaped from a kennel run \_\_\_\_\_

Is there anything else we need to know about your pet (i.e. medical condition or other behavioral issue)? \_\_\_\_\_

\_\_\_\_\_

- For all of our guests' safety, we do require all vaccines to be current within twelve months.
• If we notice any evidence of external parasites (fleas, ticks), we will treat your pet accordingly at your cost. This is for your pet's benefit as well as our other guests.
• In the event of any illness or injury, we will make every reasonable attempt to contact you. Your signature allows us to transport your pet to Meow, Bark, and Board, INC's veterinarian of choice or to the emergency clinic. Payment of veterinary services is due upon your return.
• Payment of any and all services received by your pet while in Meow, Bark, and Board INC's care is due upon your return to pick up your pet.
• By signing this document you attest to the fact that you have answered any and all questions to the best of your ability. You further attest that your pet is not aggressive towards humans and has never bitten a human.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_