

Lynwood Kennel, LLC

Pet Information Sheet

(OK to complete one form for multiple pets)

Owner's Name _____

Dog's/Cat's Name _____ Age _____ Breed _____ Color _____

Dog's/Cat's Name _____ Age _____ Breed _____ Color _____

Dog's /Cat's Name _____ Age _____ Breed _____ Color _____

Vet name _____ Phone _____

MEDICAL INFORMATION:

Current medications pet is taking and for what ailment _____

(Oral medications can be administered for \$1.00 per medication per dose. Ear medications \$2.00 per dose. All meds must be in original containers from your vet. OTC meds must be accompanied by a prescription from your vet.)

Circle any of the following health problems your pet has experienced:

Seizures Heart Disease Blindness Deafness Arthritis
Allergies Ear Infection Back Disorders Past Surgeries Other _____

Detail of above circled:

GENERAL INFORMATION:

Does your dog respond to his/her name when called? _____ Is your dog housetrained? _____

Will your dog come to you when called? _____ Will your dog come to us in the play yard? _____

Has your dog been formally trained? _____ What commands does your pet know? _____

Does your pet play with toys? _____ What type? _____

Does your dog like strangers? _____ Does your dog urinate when approached by a stranger? _____

When your dog is around strangers does he/she?

GROWL HIDE JUMP BITE WET/COWER NONE OF THESE

Has your dog ever growled at anyone? _____ If so, please explain _____

Has your dog ever bitten anyone? _____ If yes, when and why? _____

Is your dog crated at home or allowed to run free? _____

Have you ever boarded your dog before? _____ If yes, how did your dog react? _____

In a stressful situation, circle any of the following that describes how your dog reacts:

Wildly active Active Poised Assured Reserved Withdrawn/Lethargic

Does your dog climb/jump/chew through or dig under fencing of any type? _____

Does your dog chew or destroy blankets, beds, pillows, etc.? _____ **If yes, please advise us not to give these items to your pet . If your pet destroys kennel property you will be charged to replace the property.**

Does your dog become unreasonably anxious when left alone? _____

Does your pet act afraid of any specific items or noises? If so, please explain _____

Does your pet have problems in any of the following areas? Please check all that apply:

Mouthiness _____ Housetraining _____ Barking _____ Digging _____ Jumping _____

Exercise: Dogs are taken to the grass play yards four times daily. Additional play time \$5.00 each. I would like my dog to have _____ extra playtimes per visit.

Photos: Photos of your pets' vacation: \$5.00 per photo or 3 photos for \$15.00.

Food: (please inform us if your dog or cat has food allergies)

Will we be feeding your dog or cat(check one).....

Kennel food _____ (1/2 cup, 1 cup, etc.)Amount per feeding

Or Your food from home _____ (Supplied by owner)

(Dry food from home **must be pre portioned in baggies for each meal plus two extra meals**)

How many times per day do you feed your dog? _____AM _____ NOON _____ PM (check all that apply)

If you bring wet food, please supply a lid for your cans and mark both cans and lids with your pets name.

Any additional instructions for feeding:_____

Treats:

We supply a variety of treats throughout the day. Or you may bring your own treats. No rawhide please.

Special Treat: Kongs filled with treats and peanut butter \$2.00 each. I would like my dog to have _____ Kongs per visit.

PLEASE LABEL ALL OF YOUR BELONGINGS WITH YOUR PET'S NAME.

Owner's Signature _____ Date _____