



BOARDING REGISTRATION

THE FOLLOWING DOCUMENTS **MUST** BE PRODUCED AND KEPT FOR THE DURATION OF THE BOARD

VACCINATION CERTIFICATE

MEDICAL INSURANCE DOCUMENTATION

PET'S NAME: _____

Arrival Date/Time:

Depart Date/Time:

OWNER DETAILS

Name:

Address:

Home phone:

Mobile:

Email:

EMERGENCY CONTACTS

Vet's Practice:

Best Contact No:

Name:

Best Contact No:

PET DETAILS

Breed:

Color(s):

Age:

Gender:

M

F

If female, date of last season:

Background:

Owned from young

Rescue

Other:

Temperament:

Likes/Dislikes:



Is or has your pet ever been destructive within the home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	
Has your pet previously been looked after by someone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, describe any problems during this time:	
Does your pet suffer from any food allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please detail type of food eaten, times and quantities and any allergies:	
Please detail times of day walked, length/time of walks:	
Does your pet respond to a recall command?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, specify command:	
Detail any other commands your pet responds to:	

HOUSE BOUNDARIES

Is your pet allowed on furniture at home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is your pet house trained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How does your pet let you know when he/she needs to go out? If yes, please specify how.			
Where does your pet sleep?			



PET INTERACTIONS

Interaction with other animals:

Dogs:

Has your pet ever attacked another animal? Yes No

Has your pet ever been attacked by another animal? Yes No

Interaction with humans:

Has your pet ever attacked another human being? Yes No

Has your pet ever expressed any aggression towards another human being? Yes No

PET WELFARE

Please NOTE: All vaccinations MUST be up to date and current

Date of last vaccination: Is your pet insured? Yes No

Is your pet treated against fleas/ticks? Yes No Is your pet regularly wormed? Yes No

Has your pet been Neutered(M) / Spayed(F)? Yes No Is your pet micro chipped? Yes No

Is your pet used to being bathed & groomed? Yes No Any special instructions?

ITEMS BROUGHT BY OWNER

Bowl Yes No **Collar** Yes No **ID Tags** Yes No

Toys Yes No **Bed** Yes No **Food** Yes No

Treats Yes No **Lead** Yes No **Medication** Yes No

Other:

Signature:

Date: