



Client/Pet Information Form

Pet 1 Name & Birthday:			
Pet 2 Name & Birthday:			
Pet 3 Name & Birthday:			
Pet Owner Name:			
Pet Co-Owner Name:			
Street Address:			
City, State & Zip Code:			
Pet Owner & Co-Owner Email:			
Pet Owner Home Phone:			
Pet Owner Cell Phone:	Texting Allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Pet Owner Work Phone:			
Pet Co-Owner Cell Phone:	Texting Allowed: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Pet Co-Owner Work Phone:			
Weight and Breed(s) of Dog(s):	Pet 1: Weight: _____ lbs Breed(s): _____	Pet 2: Weight: _____ lbs Breed(s): _____	Pet 3: Weight: _____ lbs Breed(s): _____
Sex:	Pet 1: M F	Pet 2: M F	Pet 3: M F
Color:	_____	_____	_____
Spayed or Neutered?	Pet 1: Yes No	Pet 2: Yes No	Pet 3: Yes No
Is your dog(s) a rescue?	Pet 1: Yes No	Pet 2: Yes No	Pet 3: Yes No
Has your dog(s) ever tried to jump/climb a fence?	Pet 1: Yes No	Pet 2: Yes No	Pet 3: Yes No
Is your dog(s) food aggressive?	Pet 1: Yes No	Pet 2: Yes No	Pet 3: Yes No
Is there anywhere your dog(s) doesn't like to be touched?	Pet 1: Yes No If yes, please explain _____ _____	Pet 2: Yes No If yes, please explain _____ _____	Pet 3: Yes No If yes, please explain _____ _____
Does your dog(s) have separation anxiety?	Pet 1: Yes No If yes, please explain _____ _____	Pet 1: Yes No If yes, please explain _____ _____	Pet 1: Yes No If yes, please explain _____ _____
If your dog(s) runs out of food, may we give him/her our food (ProPlan Sensitive Stomach)?	Pet 1: Yes No <i>If no, please make sure to bring more than enough food.</i>	Pet 2: Yes No <i>If no, please make sure to bring more than enough food.</i>	Pet 1: Yes No <i>If no, please make sure to bring more than enough food.</i>

Emergency Contact Information

(The emergency contact should be someone other than yourself or the pet co-owner and someone who is local. We will always attempt to contact you first in the event of an emergency. Do not leave this area blank!!)

Emergency Contact Name:	
Relationship to Pet Owner:	
Emergency Contact Home Phone:	
Emergency Contact Work Phone:	
Emergency Contact Cell Phone:	

Pet Pick-Up Information

Friends and Family authorized to pick up your pet(s):

Name:	Phone Number:	Relationship to Pet Owner:
1.		
2.		
3.		

**Pick up authorization may be changed at any time by contacting our office.*

Medical Information

Does your pet(s) have any medical conditions/injuries/pre-existing conditions/seizures/allergies/history of bloat?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe <i>in detail</i> below (please specify which pet(s)):	
Is medication required for the above issue(s)? If yes, separate medication form is required at check-in.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is your pet(s) frightened of thunderstorms?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does your pet(s) have physical limitations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how should we limit his/her play? (i.e., what should your pet(s) not do?)	

Feeding (if pet is boarding)

Type of Food		Pet 1: Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	ProPlan Sensitive Stomach <input type="checkbox"/>
		Pet 2: Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	ProPlan Sensitive Stomach <input type="checkbox"/>
		Pet 3: Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	ProPlan Sensitive Stomach <input type="checkbox"/>
Amount per feeding:	Pet 1: _____	Pet 2: _____	Pet 3: _____	
# of feedings per day:	Pet 1: _____	Pet 2: _____	Pet 3: _____	
If you have more than 1 pet, may they be fed together?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Please list any special feeding instructions.				
If your dog(s) is not eating, what can we add to their food to entice them (we will add warm water first)?		<input type="checkbox"/> Chicken Broth* <input type="checkbox"/> Beef Broth* <input type="checkbox"/> Cheese <input type="checkbox"/> Purina ProPlan canned food for Sensitive Skin/Stomachs <input type="checkbox"/> Any of these		
Pure pumpkin works very well for constipation or diarrhea. May we give your dog this if needed?		<input type="checkbox"/> YES <input type="checkbox"/> NO		

**We use unsalted broth*

Veterinarian Information

It is very important that all vet information requested below is given!

Name:	_____
Address:	_____
Phone Number:	_____
Current flea & tick preventative:	_____
Current heartworm preventative:	_____

If new client, how did you hear about Bone Voyage?	<input type="checkbox"/> Internet Search <input type="checkbox"/> Billboard <input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Vet
	<input type="checkbox"/> Referral _____ <input type="checkbox"/> Facebook or other social media
	<input type="checkbox"/> Yelp <input type="checkbox"/> Our Town Mover <input type="checkbox"/> Yay! Local <input type="checkbox"/> Other _____

*I have filled out this form to the best of my knowledge. If we cannot reach you, the emergency contact, your veterinarian, **OR** if we feel it is a life-threatening medical emergency, your pet will be taken to Cleveland School Animal Hospital or Veterinary Specialty Hospital for treatment.*

Thank you for taking the time to fill out this form. This information helps us maintain our goal of providing the very best care for your pet.

Owner (Print Name) _____

Owner Signature _____

Date _____

