

# DAISEY'S DOGGIE RETREAT

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## Dog Boarding Information Sheet

*\*Please fill out one form for each dog so that we may provide the best possible care for your pet. Thank you.*

Owner's Name: \_\_\_\_\_ Dog's Name: \_\_\_\_\_ Sex: M / F  
Date Altered: \_\_\_\_\_

Microchipped: \_\_\_Yes\_\_\_No Chip #: \_\_\_\_\_

Describe Collar: \_\_\_\_\_

Breed: \_\_\_\_\_ Colors/Markings: \_\_\_\_\_

Where did you get your dog: \_\_\_\_\_ How long have you owned dog: \_\_\_\_\_

Has your dog every attended a boarding facility: \_\_\_Yes\_\_\_No If yes, where:  
\_\_\_\_\_

### **Pet's Health Record (must be accompanied by veterinarian records):**

Date of Last Check-up: \_\_\_\_\_ Date of Last Fecal Exam: \_\_\_\_\_

Flea/Tick Preventative: \_\_\_\_\_ Date Last Given: \_\_\_\_\_

Any known allergies, medical problems or restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

Has your dog been ill with any communicable diseases in the past month:  Yes  No  
If yes, please describe

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Vaccination Dates: Rabies \_\_\_\_\_ DHPPV \_\_\_\_\_ Parvo \_\_\_\_\_  
Bordatella \_\_\_\_\_

**Feeding Instructions:** Will you be supplying the food/treats:  Yes  No

If yes, what brand of food will you be supplying:

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Feeding Time:

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Quantity:

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Treats:

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Special Feeding Instructions:

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Foods to Avoid:

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**Walks:** Please describe your leash:

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Does your dog choke on the leash:  Yes  No

Are there any special instructions to relinquish pulling/choking:

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**Playtime:** Will you be supplying any toys for your dog:  Yes  No

No Is your dog possessive of these toys:  Yes  No If yes, please list and describe:

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Are there any special games your dog enjoys:  Yes  No Please list and describe:

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**Personality** Is it okay for your dog to play with other animals:  Yes  No If yes, which breed of dog or type of animal does your dog get along with:

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If no, please explain why:

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Does your dog have any aggressions toward other animals or people:  Yes  No If yes, please describe:

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Has your dog ever bitten or been bitten:  Yes  No If yes, please describe:

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Does your dog bark/whimper a lot?  Yes  No Does your dog dig/scratch?  Yes  No

Does your dog frightened easily?  Yes  No Does your dog try to escape?  Yes  No

Is your dog afraid of Thunder?  Yes  No

No If yes, please describe all circumstances:

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Where does your dog like/not like to be touched:

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What commands does your dog know:  Sit  Give Paw Other: \_\_\_\_\_

Stay  Come Other: \_\_\_\_\_

Bedtime  Time to eat Other: \_\_\_\_\_

Is your dog house trained: \_\_\_\_Yes\_\_\_\_No      No Is your dog crate trained: \_\_\_\_Yes\_\_\_\_No

What is your dog's potty command:

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Does your dog have a normal Potty Command? \_\_\_\_\_

**Sleeptime:** Will you be providing the bedding for your dog: \_\_\_\_Yes\_\_\_\_No If yes, please describe:

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If not, where does your dog prefer to sleep:

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**Anything else we should know:**

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I, \_\_\_\_\_, have entered the above information as truthfully and accurately as possible.

\_\_\_\_\_ Client Signature Date