



Dori's Doggie Domain

Dog Boarding & Daycare Intake Packet

PET PARENT INFORMATION

Pet Parent Name(s):

Primary Phone:

Secondary Phone:

Email:

Address:

City/State/Zip:

How did you hear about us? (check all that apply)

☐ Google

☐ Facebook

☐ Yelp

☐ Referral

☐ Sniffspot

☐ Other:

EMERGENCY CONTACT (Required - not the pet parent)

Name:

Relationship:

Phone:

Secondary Phone:

MEET & GREET (ALL SERVICES)

Required for all new clients. No services are confirmed until completed.

Meet & Greet completed? ☐ Yes ☐ No ☐ Not yet scheduled

Meet & Greet date:

AUTHORIZED PICK-UP PERSONS

1) Name: Phone:

2) Name: Phone:

3) Name: Phone:

Pet Parent Typed Signature: Date:

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Pet Guest + Vet Information

PET GUEST INFORMATION

Dog Name:

Breed:

Age/DOB:

Weight:

Color/Markings:

Microchip #:

Sex: ☐ Male ☐ Female

Spayed/Neutered? ☐ Yes ☐ No

Where does your dog normally sleep?

How does your dog let you know they need to potty?

VET + HEALTH

Vet Clinic:

Phone:

Medical conditions? ☐ Yes ☐ No

Allergies? ☐ Yes ☐ No

Pre-existing conditions (if any):

VACCINATIONS / PROOF

Besides Rabies, does your dog have other vaccines? ☐ Yes ☐ No

☐ DHPP

☐ Bordetella

☐ Leptospirosis

☐ Canine Flu

☐ Other

Have you provided vaccine proof/records? ☐ Yes ☐ No

Initials:

Heartworm prevention? ☐ Yes ☐ No

Brand:

Flea/Tick prevention? ☐ Yes ☐ No

Brand:

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Behavior + Feeding + Permissions

BEHAVIOR & TEMPERAMENT

Has your dog been to dog daycare or boarding before? ☐ Yes ☐ No

If yes, where?

Temperament around other dogs:

Temperament around strangers:

Fears/obsessions? ☐ Yes ☐ No

Has your dog ever bitten anyone? ☐ Yes ☐ No

MEDICATIONS / SUPPLEMENTS

1) Name/Dose/Time:

2) Name/Dose/Time:

3) Name/Dose/Time:

FEEDING

Food brand/type:

Amt:

Treats allowed? ☐ Yes ☐ No

Meal add-ins allowed if not eating (check all that apply):

☐ Wet/Canned

☐ Cheese

☐ Chicken/Broth

☐ Pumpkin

☐ Other

Other add-ins:

House treats/add-ins may have an additional fee if supplies were not provided. Initials:

UPDATES + PHOTO/VIDEO

Would you like updates sent? ☐ Yes ☐ No

What would you like ☐ Photos ☐ Videos ☐ Both

Permission to post online (social/website)? ☐ Yes ☐ No

Pet Parent Typed Signature:

Date:

Pet Behavior Checklist

Check any that apply:

- | | |
|---|--|
| <input type="checkbox"/> Mellow / Calm | <input type="checkbox"/> Shy / Submissive |
| <input type="checkbox"/> High Energy | <input type="checkbox"/> Dominant / Alpha |
| <input type="checkbox"/> Unruly | <input type="checkbox"/> People Aggressive |
| <input type="checkbox"/> Toy Possessive | <input type="checkbox"/> Vocal |
| <input type="checkbox"/> Escape Artist | <input type="checkbox"/> Rough Player |
| <input type="checkbox"/> Digger | <input type="checkbox"/> Growls at Strangers |
| <input type="checkbox"/> Feces Eater | <input type="checkbox"/> Has Separation Anxiety |
| <input type="checkbox"/> Runs Away | <input type="checkbox"/> Fear of Loud Noises (Thunder / Fireworks) |
| <input type="checkbox"/> Destroys Toys | <input type="checkbox"/> Excessive Chewer |

Please elaborate on any of the above, if applicable:

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Veterinary Release & Emergency Authorization

VETERINARY RELEASE FORM

I authorize Dori's Doggie Domain to seek veterinary care for my pet if I cannot be reached.

Every effort will be made to contact me and/or my emergency contact(s) prior to treatment.

Preferred Veterinarian/Clinic:

Phone:

If my veterinarian is unavailable, I authorize treatment at:

☐

Any available veterinarian

☐

Nearest emergency veterinary hospital

I authorize the following (check all that apply):

☐

Examination

☐

Diagnostics (bloodwork, x-rays, etc.)

☐

Emergency treatment

☐

Sedation if required for safe handling/treatment

☐

Surgery if deemed medically necessary

Spending limit without additional approval (check one):

☐

Up to \$250

☐

Up to \$500

☐

Up to \$1,000

☐

No limit in emergency

I agree to be financially responsible for all veterinary charges.

Any pre-existing conditions are the responsibility of the pet parent.

Dori's Doggie Domain is not responsible for these costs.

Pet Parent Printed Name

Pet Parent Signature (typed):

Date: