

Sunset Ridge Kennels LLC

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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: _____

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

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: _____

Feeding Time: am pm Quantity: Treats:

Special Feeding Instructions:

Playtime:

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

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

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

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:

If no, please explain why:

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

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

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 Loud Noises/Thunder? Yes No If yes, please describe all circumstances:

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

What commands does your dog know: Sit Give Paw

Stay Come Bedtime Time to eat Other: _____

Is your dog house trained: Yes No

Is your dog crate trained: Yes No

Does your dog have a Potty Command?

Sleeptime:

Will you be providing the bedding for your dog: ____Yes____No If yes, please describe: _____

If not, where does your dog prefer to sleep:

Anything else we should know:

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

Client Signature

Date