



Bartram Trail
Veterinary Hospital

Daycare/Boarding Questionnaire

Owner Information:

Name(s): _____

Home phone: _____ Cell phone: _____

Email address: _____

Employer: _____ Work phone: _____

Emergency contact: _____ Phone: _____

Does this person have the authority to make decisions if you cannot be reached? **Y / N**

Please list the name and phone number of any person(s) that will be authorized to drop-off and pick-up your pet:

Name: _____ Phone: _____

Name: _____ Phone: _____

How did you hear about us? _____

Daycare Questionnaire: (One application per dog please)

Pet name: _____

Dog's birthday _____ Spayed / Neutered

How long have they lived with you? _____

Where did you get them? breeder / shelter / pet store / stray / friend / other _____

Does your dog have any current medical conditions? **Y / N**

If yes, describe briefly:

Does your dog take any medication regularly? **Y / N**

If yes, which one(s)?

Which flea/tick preventative do you use? _____

Which heartworm prevention do you use? _____

Does your dog have any physical limitations that need our attention? **Y / N**
If yes, please describe

Does your dog have any allergies to treats? **Y / N**
If yes, what should we avoid?

Has your dog ever attended a daycare before? **Y / N**

Has your dog been to an off-leash dog park before? **Y / N**

How does your dog interact with...

Male dogs? _____ Female dogs? _____

Adult dogs? _____ Puppies? _____

Has your dog ever bitten another dog / cat / person?
If yes, what happened?

Does your dog do any of the following?

Digs

Jumper

Shyness

Mouthy

Poop eater

Escape artist

Toy possessive

Barker

Chewer

Has your dog ever climbed or jumped a fence? **Y / N**

Has your dog ever dug under a fence? **Y / N**

How does your dog react when you take away toys or food?

Has your dog had any formal obedience training? **Y / N**
If yes, when?

What commands does your dog know?

Owner Signature

Date

Staff signature

Date