



BOARDING IN-TAKE FORM

OWNER INFORMATION

Printed First and Last Name

Number

Email Address

EMERGENCY CONTACT

Printed First and Last Name

Number

PET INFORMATION

Name

Sex: ☐ M ☐ F

Spayed/Neutered? ☐ Y ☐ N

FEEDING INSTRUCTIONS

An additional \$3 per day will be added for kennel-provided food.

If your pet runs out of food, may we feed them our in-house Purina ONE Lamb & Rice formula?
☐ Y ☐ N

Amount Per Meal

Is it OK to provide facility treats? ☐ Y ☐ N

BEHAVIOR & TEMPERAMENT

How does your dog react to other dogs?

Has your dog ever shown aggression (people, dogs, food/toys)? ☐ Y ☐ N

Separation anxiety? ☐ Y ☐ N

Chewing/destructive habits? ☐ Y ☐ N

Fear of storms, fireworks, etc.? ☐ Y ☐ N

VETERINARY INFORMATION

Vet Name & Clinic

Number

Microchip Number (if applicable)

MEDICAL HISTORY

Current medications (name, dosage, instructions)

Allergies (food or environmental)

Chronic conditions (arthritis, diabetes, etc.)

Recent surgeries or injuries

Any restrictions on activity or play? ☐ Y ☐ N
Please list if applicable.

By signing below, I authorize The Barking Lot, LLC to make veterinary care decisions on my behalf in the event of an emergency. I understand that I am responsible for any veterinary expenses incurred during my pet's stay.

SIGNATURE

DATE