



Dog Boarding Intake Form

Dog's Name _____ Boarding From: _____ To: _____ M / F? _____

Age _____ Breed _____ Color _____ Neutered? _____

Emergency Contact _____ Phone _____

Feeding Information

What kind of food?

How much food per meal?

How often?

Medical Information

Name and Strength

Dosage

Times per Day

Condition

Area to be Treated

Additional Services

(Please check the additional services you want to include:)

Ear Cleaning Nail Trim Grooming Teeth Brushing Other _____

Personality

(Please check all that describe your dog's personality:)

Outgoing Timid Affectionate Reserved Protective Friendly

Obedient Aggressive Independent Submissive Clingy Gentle

VLP GROOMING & SPA

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(Please check all answers that describe your dog's attributes:)

Biter Howls Active chewer Barks excessively Toy aggressive

Food/Treat Aggressive Separation anxiety Other _____

(Please check all that apply when describing situations where your dog may become unfriendly:)

Grabbing collar Meeting strangers Meeting other dogs Being hugged

Being brushed Being touched while sleeping Other _____

Has your dog ever bitten a person or another dog?

If yes, please explain: _____

Has your dog displayed any of the following reactions? (Please check all that apply):

Will bite May bite Growls Snaps Shows teeth Trembles Freezes

Your dog plays best with: No dogs Big dogs Little dogs Older dogs Puppies

SPECIAL INSTRUCTIONS:
