

DOOLITTLE'S COUNTRY KENNEL

BOARDING ADMISSIONS FORM

OWNER: _____ PHONE: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PET'S NAME: _____ AGE: _____ BREED: _____

GENDER: MALE: _____ FEMALE: _____ NEUTERED/SPAYED: _____

VETERINARIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

CHECK ALL THAT APPLY TO YOUR PET:

- RABIES VACCINATION
- BORDETELLA VACCINATION
- DHLPP
- HEARTWORM PREVENTION
- FLEA & TICK PREVENTION

MEDICAL CONDITIONS & ALL MEDICATIONS:

ALLERGIES:

FEARS – SUCH AS THUNDERSTORMS, OTHER DOGS, PEOPLE, ETC.:

BEHAVIORS – SUCH AS CHEWING, DIGGING, JUMPING FENCES, ETC.:

AGGRESSIVE TO OTHER DOGS: _____ AGGRESSIVE TO PEOPLE: _____

DO YOU WANT YOUR DOG TO PLAY WITH OTHER DOGS? _____

FEEDING INSTRUCTIONS:

ADDITIONAL SPECIAL INSTRUCTIONS WHILE YOU'RE AWAY:
