



dogwood kennel
Where dogs & cats are kids!

Owner Information

PRIMARY OWNER'S NAME

Address

Personal phone number and email

Place of work and work phone (Is it ok to contact you at work?)

ADDITIONAL OWNER'S NAME

Address

Personal phone number and email

Place of work and work phone (Is it ok to contact you at work?)

EMERGENCY CONTACT NAMES AND PHONE NUMBERS

Pet Profile

PET'S NAME

Breed or mix and color(s)

Date of birth or approximate age

Gender and whether spayed or neutered

Brand of food / feeding schedule

Sleeping arrangements (where and with whom?)

Veterinary Clinic

MEDICAL HISTORY (please explain)

Past illnesses or injuries

Allergies or sensitivities

Anxieties or fear triggers

Current medications

Current health concerns

SOCIAL HISTORY (please explain)

Length of time this pet has lived with you

Previous boarding experiences

Encounters with other animals (dog parks, family dogs, etc.)

BITE HISTORY (please explain)

Occurrence of biting a human

Occurance of biting another animal

What additional information will help us give your pet optimal care?

How did you hear about DogWood Kennel?

We are designed to be a facility where healthy socialized dogs can safely interact. They must be well, fully vaccinated, and socialized to use our services. We are not a medical clinic, and we are not qualified to deliver invasive medicines such as insulin or chemotherapy drugs. We are committed to doing our best at what we are designed to do without exceeding the scope and capacity of our staff, our building, and our campus. If your pet meets these criteria, we encourage you to help us get to know them by completing this profile.

Signature _____

Date _____

Printed Name _____