



## PET PROFILE - DOGS

Check In Date: \_\_\_\_\_ Check Out Date: \_\_\_\_\_

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Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Proof of Vaccination:

Yes  No

Gender:  Male  Female

Spayed/Neutered:  Yes  No

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### 1. MEALS:

Will you be providing food for your pet?  Yes  No

Type of Food: \_\_\_\_\_

Amount of food per feeding: \_\_\_\_\_ # of feedings per day: \_\_\_\_\_

Number of treats per day: \_\_\_\_\_

Will you be providing your own treats?  Yes  No

### 2. BEHAVIOUR:

Does your dog socialize well with other dogs?  Yes  No

Is your dog known to bite?  Yes  No

### 3. MEDICATION:

Is your pet currently on any medication?  Yes  No

If yes, please specify type: \_\_\_\_\_ and dosage: \_\_\_\_\_

### 4. VETERINARIAN INFORMATION:

Name of Vet: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_



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## 5. EMERGENCY CONTACT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

## 6. COMMENTS & CONCERNS:

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### TERMS & CONDITIONS

Your pet will be given the best possible care while staying at Country Tails Boarding Kennels Inc. but, in the unlikely event of injury or illness your pet will be taken to the closest veterinary clinic for immediate care to be paid for by the pet owner.

Country Tails Boarding Kennels Inc. cannot be held liable or responsible for lost or damaged items, injury, illness or death to your pet while in our care.

DATE: \_\_\_\_\_

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Pet Owner or Designated Representative

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Country Tails Boarding Kennel Inc.