



Dog's Name: \_\_\_\_\_

Sex: M or F

To your knowledge has this animal bitten or showed potential to bite in the past:

Yes

No

If yes, please describe the incident: When \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_

Has the pet ever been in an altercation? \_\_\_\_\_ Other Animal

Species: \_\_\_\_\_ What were the circumstances behind the altercation? \_\_\_\_\_  
\_\_\_\_\_

Has the pet ever been injured? \_\_\_\_\_

How? \_\_\_\_\_

Did you feed and medicate (if applicable) your dog prior to admission today?

Yes

No

Do you apply a monthly flea preventative at home

Yes

No

If yes, what brand and when was it last applied?

\_\_\_\_\_

Has your dog had any coughing, sneezing, vomiting, diarrhea, change to thirst / appetite / urination and/or defecation habits?

Yes

No

If yes, please describe

\_\_\_\_\_

Do you happen to know if he/she urinated or defecated today?

urine:

Yes

Unknown

No

defecation:

Yes

No

Unknown

Do you happen to know how often he/she urinates or defecates?

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Any extras wanted (ie nail trim): \_\_\_\_\_

If more than 1 dog is boarding, would you prefer that they are in one kennel if possible? (check one)

Yes

No

If yes – please note, we will separate them if we have any concerns about their health /behavior so that we can discern which dog is doing what.

Does your dog have any chronic medical issues or concerns?

Yes

No

If yes, please describe:

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Does your dog have any food / environmental allergies:

Yes

No

If yes, please describe:

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Current diet morning: (brand,amount,frequency):

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Current diet evening: (brand,amount,frequency):

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Any other meals / feeding instructions?

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Current medications: (name(s), amount, frequency):

---

---

Current Insulin schedule and dose:

---

Type of Insulin and size of syringes:

---

Is this pet crate trained? (Check all that apply)

Yes

No

Frequency of accidents indoors:

Often

Occasionally

Never

How often does your pet go outside to potty? \_\_\_\_\_

For how many hours at a time was the pet left alone in a day? \_\_\_\_\_

Where was the pet kept when no one was home? \_\_\_\_\_

When left alone my dog:

Barks

Scratches on  
doors, windows,  
floor etc.

Sleeps

Chews personal  
items

Urinates/defecates  
indoors

I would describe my dog as:

A Family Dog

For Adults

Only A One Person  
Dog

This dog has lived in the same household with (check all that apply):

Other dogs

Others

Cats

Children;  
Ages \_\_\_\_\_

Birds

How did this dog get along with above family  
members? \_\_\_\_\_  
\_\_\_\_\_

This dog does not like the company of:

Small Children

Cats

Other Dogs

Other: \_\_\_\_\_  
\_\_\_\_\_

Please explain if any of the above are  
checked: \_\_\_\_\_  
\_\_\_\_\_

This dog is overly protective of:

Family

Its food/toys treats

Own property

Where does the pet spend most of its time?

Inside

Outside

Other: \_\_\_\_\_

How much time was the dog kept outside? \_\_\_\_\_ Inside? \_\_\_\_\_

How was the dog kept confined to your property?

- |                                      |  |                                       |
|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Fenced area | <input type="checkbox"/> Underground     | <input type="checkbox"/> Cable/chain  |
| <input type="checkbox"/> On a leash  | <input type="checkbox"/> Invisible Fence | <input type="checkbox"/> Not confined |

How many times a day is the dog exercised? \_\_\_\_\_ For how long? \_\_\_\_\_

Where did the pet sleep at night? \_\_\_\_\_

How does this dog react to strangers? \_\_\_\_\_

My dog is afraid of: (Check all that apply):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Bad weather      | <input type="checkbox"/> Vet Appointments | <input type="checkbox"/> Car Rides |
| <input type="checkbox"/> Being Left Alone | <input type="checkbox"/> Loud Noises      | <input type="checkbox"/> Children  |
| <input type="checkbox"/> Other: _____     |   |                                    |

Check as many of the following that describe the dog's behavior and habits:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Barks a lot          | <input type="checkbox"/> Outgoing           | <input type="checkbox"/> Friendly with other dogs |
| <input type="checkbox"/> Digs                 | <input type="checkbox"/> Fearful            | <input type="checkbox"/> Affectionate             |
| <input type="checkbox"/> Likes riding in cars | <input type="checkbox"/> Chases cats        | <input type="checkbox"/> Fetch                    |
| <input type="checkbox"/> Roams                | <input type="checkbox"/> Friendly to people | <input type="checkbox"/> Likes Treats             |
| <input type="checkbox"/> Whines               | <input type="checkbox"/> Chews              | <input type="checkbox"/> Separation anxiety       |
| <input type="checkbox"/> Playful              | <input type="checkbox"/> Reserved           | <input type="checkbox"/> Likes water/swimming     |
| <input type="checkbox"/> Escapes yard         | <input type="checkbox"/> Growls             | <input type="checkbox"/> Jumps on people          |
| <input type="checkbox"/> Unruly               | <input type="checkbox"/> hyperactive        |   |
| <input type="checkbox"/> Submissive wetter    | <input type="checkbox"/> Shy                |   |

My Dog knows the following basic Commands: (Check all that apply):

- |                               |                                    |                               |
|-------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/> Sit  | <input type="checkbox"/> Heel      | <input type="checkbox"/> Come |
| <input type="checkbox"/> Down | <input type="checkbox"/> Stay/Wait |                               |

Additional commands: \_\_\_\_\_

Does the pet listen to commands? \_\_\_\_\_

Which commands?

- |                              |                               |                               |
|------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stay | <input type="checkbox"/> Down |
|------------------------------|-------------------------------|-------------------------------|

Has your pet had any training?:

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Obedience classes | <input type="checkbox"/> Home training | <input type="checkbox"/> No training |
|--|--|--------------------------------------|

Does your pet have a microchip?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Is the microchip registered in your name?

Yes

No

Microchip #: \_\_\_\_\_

The dog's diet is:

Canned

Semi-moist

Dry food

Brand of food given: \_\_\_\_\_

The dog's feeding time is

A.M.

P.M.

Throughout the day

Please describe your dog's overall demeanor: \_\_\_\_\_

How would you like your dog to be outside:

Individually

In a group

Is there anything else we should know about this pet?

Other helpful information about my dog: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will you be picking up your dog from boarding?

Yes

No

If no, who do you authorize to do so (ID required)? \_\_\_\_\_

Please review and sign below acknowledging the following:

I stipulate that the information provided is true and accurate; I authorize the release of any medical records of the above animal by and for the animal to Helping Paws. I verify that the above animal has not bitten anyone in the past 30 days and is not under any quarantine or legal adjudication.

\*A copy of current vaccinations and testing must be provided with application.

Payment is due when booking the boarding service online or at drop off. We do not accept checks, cash or card only

Supplies Required:

All Vet records, food, collar, tags, leash, toys, blanket

My signature below reflects that I have read and understand the information provided.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Representative of Helping Paws: \_\_\_\_\_