

## Aunt Harriet's Bed 'N Biscuit

Aunt Harriet's is dedicated to providing a safe, comfortable and fun environment for your special pet. We want him or her to feel right at home. To do this we need to know as much about your dog as possible. Please fill out this questionnaire carefully and completely. This will ensure we can provide a happy experience for your dog and a worry-free experience for you.

### OWNER INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Who else is authorized to drop off/pick up your pet? \_\_\_\_\_

Emergency instructions: \_\_\_\_\_

\_\_\_\_\_ Emergency Phone \_\_\_\_\_

Have you notified your vet that we may be bringing your pet in for treatment? \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

### PET INFORMATION

Name \_\_\_\_\_ Breed \_\_\_\_\_ DOB/Age \_\_\_\_\_

Sex: M F Spayed/Neutered: Yes/No Weight \_\_\_\_\_ Color \_\_\_\_\_

Is your dog housebroken? Yes/No Comments \_\_\_\_\_

Does your dog respond to basic training commands? Yes/No Comments \_\_\_\_\_

How does your dog get along with other dogs? \_\_\_\_\_

How does your dog get along with people? \_\_\_\_\_

Has your dog ever used any boarding facility before? Yes/No Where? \_\_\_\_\_

Has your dog ever bitten or been bitten? Yes/No Comments \_\_\_\_\_

## MEDICAL INFORMATION

Veterinarian: \_\_\_\_\_ at \_\_\_\_\_ Clinic/Hospital

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

Please describe your dog's general health (include any current medical conditions) \_\_\_\_\_

Allergies (if any) \_\_\_\_\_

Date of most recent vaccination: DHLPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bortadella \_\_\_\_\_

Is your dog on flea control? Y N Name \_\_\_\_\_ When due \_\_\_\_\_

Current medications and when administered \_\_\_\_\_

Date of last veterinary exam \_\_\_\_\_ Comments \_\_\_\_\_

Microchip number \_\_\_\_\_ Company \_\_\_\_\_

## DAILY ROUTINE INFORMATION

Regular food: Brand \_\_\_\_\_ Quantity in Cups \_\_\_\_\_ Treats? Yes/No

Feeding times \_\_\_\_\_ Instructions \_\_\_\_\_

Where does your dog sleep at night? \_\_\_\_\_ Is your dog crate trained? Yes/No

What is your dog's usual bedtime? \_\_\_\_\_ When does your dog usually wake up? \_\_\_\_\_

How does your dog let you know he/she needs to go outside? \_\_\_\_\_

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

I certify that the above information is true and correct to the best of my knowledge

\_\_\_\_\_  
Name of owner/agent

\_\_\_\_\_  
Date