

ANIMAL WATCHERS PET RESORT, INC.

440-967-5436

7407 Poorman Road, Vermilion, OH 44089

Daycare/ Boarding/ Agility & Obedience Training

DOG BOARDING APPLICATION

OWNER INFORMATION

Name: _____ Phone Number Home: _____

Address: _____ Work: _____ Cell: _____

City/ State: _____

LOCAL EMERGENCY name and number (if we cannot reach you) : _____

DOG INFORMATION

Name: _____ Breed: _____ Age: _____

Sex: Male: _____ Female: _____ Status: Neutered: _____ Spayed: _____

Vaccination Expiration Dates: RABIES: _____ 1 YR. _____ 3 YR. _____ BORDETELLA: _____

(DISTEMPER-HEPATITIS-LEPTOSPIROSIS-PARAINFLUENZA-PARVO-CORONA) DHLPPC: _____

Veterinarian Name/ Phone Number/ Address: _____

FEEDING INSTRUCTIONS: _____

CURRENT MEDICATIONS/ MEDICAL CONDITIONS/ (PLEASE INCLUDE ANY ALLEGERIES) _____

Has your dog been boarded or kenneled before? Yes _____ No _____

How well does your dog socialize with unknown dogs? _____

How well does your dog socialize with unknown people? _____

Has your dog ever bitten a person or animal? Yes: _____ No: _____ If yes give details below and discuss with us.

Does your dog have a fear of loud noises, trains, or thunderstorms? How do you care for your dog during such events?

DOES YOUR DOG CLIMB, JUMP OVER, OR DIG UNDER FENCES? PLEASE SPECIFY WHICH: _____
