

## Geofarm Pet Resort Health & Behavior Pre-boarding Questionnaire

Name of Pet			
Name of Owner:		Address:	
Phone#	Cell#	e-mail	
Breed of Pet	Date of birth	Spayed/neutered	M/F
Emergency contact	Veterinary practice		
Phone#	Phone#		

### Vaccinations Dogs

Rabies Y/N	DH2PP Y/N	Canine Cough Y/N
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### Vaccinations Cats

FVRCP Y/N	Rabies Y/N
Have you ever boarded your Pet before Y/N	
Would you like your Pets photo put on social media Y/N	

### Health:

Please list any current health problems of your Pet
Please list any past health problems of your Pet
Is your Pet on medication Y/N
If so please list detailed medications, dosage, and instruction for care

### Food

What food do you feed to your Pet (dry/wet/brand)
How many times do you feed you Pet
At what times
Amount of food per feed
Does your Pet has any allergies of any snack or foods he/she is not allowed to have Y/N
What is you Pets favorite treat

## Behaviour

Is there any place you Dog/Cat does not like to touch or petted (i.e. ears mouth)

Has you Dog ever bitten or been aggressive to another dog, cat animal or human Y/N

What kind of activities does your Pet like to do

How often do you walk your dog, and for how long \_\_\_\_x day \_\_\_\_ minutes

Is you Pet house trained Y/N

Or in training Y/N

Good with other Dogs Y/N

Can be nippy Y/N

Can destroy things by scratching Y/N

Likes to play with toys Y/N

Is O.K. with bathing/water Y/N

Afraid of thunderstorm Y/N

Is a digger Y/N

Is a climber Y/N

Separation anxiety Y/N

Likes to play with other dogs Y/N

Not good with strangers Y/N

Is a barker Y/N

Spends most of the time outside with the family Y/N

If there is anything else you would like me to know about your Pet, please use the space below, please also include you daily routine and schedule

Answer only if you have more than one dog staying

My dogs need to be homed separately Y/N