

PAWSITIVELY PETS

418 Wattaquadock Hill Rd
Bolton, MA 01740
978-779-9977

Daycare/Boarding Questionnaire

Parent Information (Please Print) **Date** _____

Name(s) _____

Address _____

City _____ Home Number _____

Work Phone _____ Cell Number _____

Additional Numbers: (1) _____ (2) _____

Email Address: (1) _____ (2) _____

Pet Information

Name: _____ Breed: _____

Sex: _____ Spayed or Neutered (circle one) Date of Birth: _____

Color/Markings: _____ Weight: _____

How long have you owned the pet? _____

Where/How did you acquire the pet? _____

Vaccinations Expiration Dates:

Rabies _____ Bordetella _____ DHLPP _____

Veterinarian

Hospital: _____ Dr. Name _____

Address: _____ Phone: _____

Emergency Contact Information: This must be a reliable person to contact in an emergency; in the even the owners cannot be reached. This person should be able to make medical decisions for the animal and or provide transportation to pick up the pet if necessary.

Name: _____ Phone: _____ Cell: _____

Medical History

Does your pet have allergies? Please explain

Does your pet have medical problems? Please explain

Has your pet ever had Hives? Please explain

Is your pet on any medications? _____

Is your pet on regular heartworm prevention medicine? _____

Is your pet on flea preventative/topical treatment? _____

When was the last treatment? _____

What age was your pet spayed/neutered? _____

Is your pet afraid of veterinary appointments? _____

Behavioral and Social history

Number of people in your household? Adult Males _____ Adult females _____

Child/Children _____

List age(s) of Child/children? _____

Does your dog like children? _____ Describe how your pet interacts with children?

Has your pet ever been involved in an incident with a person or child or another animal that resulted in a bite? _____

Has your dog ever shown aggressive behavior toward people? _____

Do you have other pets in your home? _____ Please list below

Species	Breed	Altered	Age	Sex
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe how your dog gets along with these other animal(s) in your household?

Has your dog been exposed to other animals outside your home? _____

Has your pet played with other dogs, i.e. park or other _____

Is your pet food or toy aggressive? _____

Has your dog ever jumped or climbed a fence? ___ How high? _____

Does your dog have any problems in the following areas?

Barking _____

Housebreaking _____

Mouthiness _____

Digging _____

Ignoring commands _____

Is your dog frightened of any noises _____

Is there anything that makes your dog nervous _____

How is your dog with a groomer _____

Does he like to be brushed/handled _____

Training

Has your dog attended training classes of any type? What type and when?

What commands does your dog know and respond to?

Does your dog have a bathroom command? _____

Are there any commands that evoke a negative response? _____

Do you walk your dog on the left or right? _____

Is your dog crate trained _____ if so what type? _____

What is your preference for sleeping arrangements? Crated or not crated?

Nutrition

Please list what your pet eats, amounts and time:

Is there any other information that would be helpful during your companions stay at Pawsitively Pets?

Thank you for taking the time to fill out this questionnaire. I know it's a lot of questions, but these

questions will help me in caring for your pet.

Linda