



# Application for Boarding

**MITZIE RUE'S CANINE CORRAL, LLC**

*"It's a dog-gone good time!"*

641-755-3793

[mitzierues.com](http://mitzierues.com)

[mitzierues@outlook.com](mailto:mitzierues@outlook.com)

Date: \_\_\_\_\_

## Owner Information:

Name (list all parents): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Person (if you are unavailable): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Others authorized to pick your dog up: \_\_\_\_\_

## Pet Information (a form is to be completed for each dog):

Pet's Name: \_\_\_\_\_

Sex:  Female  Male      Neutered or Spayed?  Yes  No

Birthday/Birth Year: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs.

Describe your dogs activity level:  Lazy/Laid-back  Moderately Active  Very Active

Is your dog afraid of anything? Such as: storms, loud noises, fast movements, children, men, other dogs, people wearing hats/glasses, etc.

Yes  No What: \_\_\_\_\_

How does dog react to this fear?: \_\_\_\_\_

How often does your dog socialize with other dogs on a regular basis?

None  Minimal  Moderate  Frequent

Has your dog been to a boarding facility before?  Yes  No

Has your dog ever climbed/jumped over, dug under, or broken through a fence? (Please describe the situation).  Yes  No \_\_\_\_\_

Has your dog ever bitten anyone before or shown signs of aggression, even with food?

Yes  No If yes, please explain: \_\_\_\_\_

Vet Information:

Vet's Name/Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

Vaccinations (date next due): Rabies \_\_\_\_\_ Distemper/Parvo \_\_\_\_\_

Bordetella \_\_\_\_\_

**\*A copy of your dog's vaccination records are required prior to boarding.**

Is your dog currently being treated with flea and tick treatment?  Yes  No

*\*In attempt to keep Mitzie Rue's Canine Corral safe and healthy we require dogs to be treated with flea and tick preventative prior to boarding.*

Health and Behavior:

Are there any **health** issues we need to be aware of for your pet's well-being?

Yes  No

If so, what are they? \_\_\_\_\_

Does your dog have any allergies? If so, please list: \_\_\_\_\_

Is your dog receiving any medication? If so, please list: \_\_\_\_\_

What are the doses and times/per day your dog is to receive his/her medication? \_\_\_\_\_

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\*Please note that we have the right to decline from giving any dog its medication if we do not feel comfortable administering.

Are there any **behavioral** issues that we need to know in order to protect your dog, other dogs, and our staff?  Yes  No

If yes, please explain: \_\_\_\_\_

Are there any other additional comments or information we need to know about your pet?

How did you hear about Mitzie Rue's Canine Corral? \_\_\_\_\_

How likely are you to utilize Monday-Thursday doggie daycare if available?

Very  Maybe  Not at all

If you did, what hours would accomodate you for drop-off and pick-up? \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Printed name: \_\_\_\_\_

If any of the above information changes, please let us know immediately.

Thank you for choosing Mitzie Rue's Canine Corral, LLC!!