

# Additional Dog Form

Owner's Name: \_\_\_\_\_

Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_ Name of Dog: \_\_\_\_\_ Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

1.  Male  Female  Spayed / Neutered  Male  Female  Spayed / Neutered

Has your dog ever attended daycare or been boarded in a cage-free environment?  Yes  No

Has your dog ever exhibited aggressive behavior or bitten people or other dogs?  Yes  No

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

Has your dog ever been bitten or attacked by another dog, or been abused?  Yes  No

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

**Feeding Instructions:** (cups/scoops, how often) \_\_\_\_\_

Please describe any medical or physical problems, including allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATION:	DOSAGE- ML/MG/UNITS/PILLS:	HOW MANY TIMES PER DAY:

**You agree to all the terms in the original boarding contract**

Signature \_\_\_\_\_ Date \_\_\_\_\_