



ADMISSIONS QUESTIONNAIRE

Tell us about your dog:

1. Your Pet's name: _____
2. Breed: _____
3. Weight: _____
4. Age: _____
5. Gender: M or F
6. Vaccinations: _____ Rabies _____ Bordatella _____ Annual
7. Flea medication administered _____/_____
8. Spay/neuter (required over 6 months) Y or N

Tell us about you:

9. Owner name: _____
10. Address: _____
11. City/St/Zip _____
12. Phone: _____
13. Email: _____

If you're not around, who should we call?

14. Alternate contact: _____
15. Phone: _____

Who is your vet?

16. Veterinarian: _____
17. Address: _____
18. City/St/Zip: _____
19. Phone: _____

TELL US ABOUT YOUR PUP'S PREFERENCES!!

DINNER BELL

20. Dog food brand: _____
21. Daily ration: _____
22. Treat or food restrictions: _____
23. Can your dog be fed in the company of other pups or does he/she require privacy? _____

24. Any eating quirks?? _____

NIGHTY NIGHT

25. Kennel trained? Y or N (If so , please bring his/her kennel along!)
26. If not, does your dog have a preference where he/she sleeps? _____

IT'S POTTY TIME

27. Is your dog fully potty trained? Y or N
28. Does your dog offer a behavior indicating he/she needs to go outside? _____

29. Does your dog have potty quirks or preferences? Does your dog require a walk to potty? _____

SOMETIMES MY DOG.....

30. Does your pup have specific fears? (ie, thunder, vacuum, etc) _____

31. Is your dog fear aggressive or have specific fears about people, children, other dogs or animals? _____

32. Is your dog a "resource guarder"? (You? Toys? Food? Other) _____

33. Does your dog suffer from separation anxiety? _____

34. How does your dog interact with other small dogs? Any issues? Please detail. _____

35. Is your dog a barker? If so, how do you control that behavior? _____

36. Is your dog trustworthy, consistent and reliable in his/her behavior? If not, why? _____

37. Please detail specific commands used for behaviors. Do you use words or phrases to indicate the dog is supposed to go outside or go to bed? _____

A LITTLE HELP PLEASE.....

38. Does your dog require oral medications? (We do not administer shots or run IV lines.) Please be specific about dosage and remember to bring the medications. Does your dog require help in other ways? _____

THE TAIL END

39. Would you like updates on your dog's stay while you're away? _____

40. Text to (phone number) _____ Email _____ Phone call _____ Photo _____ Video _____

41. May we use your dog's picture on our website/blog? Y or N

42. How did you hear about Dancing Star Farm bed&bone? If you were referred, please tell us who sent you!!
