

Tri-County Boarding Kennel
2360 Violet Avenue
Madrid, IA 50156
515-685-4497

Pet/Owner Information Sheet

Dog's Name, Approximate Age, and Breed

Pet(s) Owner

Date

Address

Phone Number

In case of emergency, Kennel shall notify: _____

Name and Phone Number

Your Veterinarian and Phone Number

Current Medications Dog is Taking and For What Purpose _____

Circle any of the following health problems your dog has experienced:

Seizures

Heart Disease

Blindness

Deafness

Allergies

Ear Infection

Recent Injury (specify) _____

Does your dog respond to his/her name when called? _____

Is your dog housetrained? _____

Does your dog urinate when approached? _____

Does your dog engage in self-mutilation? (chewing on leg/licking raw spots, etc.) _____

Does your dog respond to owner's direction? _____ Has he/she been formally trained? _____

Has your dog bitten anyone? _____ If yes, what were the circumstances? _____

Do you administer punishment to your dog? _____ If yes, what type? _____

Is your dog kenneled at home or allowed to run free? _____

Have you ever boarded your dog before? _____ If yes, how did your dog react, if you know? _____

In a stressful/new situation, circle any of the following that describes how your dog reacts:

Wildly Active

Active

Poised/Assured

Reserved

Withdrawn/Lethargic

Does your dog climb/jump/chew through fencing of any type? _____

Does your dog have any other unusual behavioral characteristics we have not asked about? _____