



PET'S MEDICAL INFORMATION

Pet's Name:	Breed:
Age (DOB):	Sex:
Microchip#:	City License#:
Owner's Name:	

Primary Phone#: _____ Primary Email: _____

Preferred Communication Phone Text Email Messenger Other: _____

I, _____, as the legal owner of the pet(s) noted in this agreement, do hereby state the following information is true and complete to the best of my knowledge. I understand PetSteps Dog Training may utilize some of or all this information during the pet(s) boarding stay and I have taken special care to present the information in an accurate fashion.

VETERINARY INFORMATION

Fort McMurray Animal Hospital
 Wood Buffalo Small Animal Hospital
 Northern Veterinary Services

Out of Town Clinic:
Name: _____
Address: _____
Phone #: _____

VACCINATION/PARASITE CONTROL RECORDS

Please check all that are up to date. Copies of vaccination and spay/neuter certificates will be required prior to boarding.

Core Vaccinations. Date received: _____ Bordatella. Date received: _____
 Rabies. Date received: _____ Parasite Control. Date received: _____
 Titre Tests have been done to prove immunity according to attached letter from the Vet. Date of Titre Test: _____

MEDICAL CONDITIONS

Please check all that apply.

Epilepsy/Seizures Hip Dysplasia Arthritis Heart Disease Allergies Diabetes
 Obesity Geriatric Peanut Allergies in Home Other: _____

MEDICATIONS

Please list all medications currently prescribed for the pet(s).

Please list all medications and dosage that will be administered during boarding stay.

PET'S DIET DETAILS

Kibble/Main Food Source: _____ Frequency: _____
Amount per Serving: _____ Supplements: _____
Known food allergies: _____ Treats: _____

ALLOWED CHEW AND TOYS

Kongs: _____ Tennis Balls: _____
Raw Hides: _____ Plush Toys: _____
Bully Sticks: _____ Peanut Butter: _____
Ropes: _____ Antlers: _____
Others **NOT** Allowed: _____ Cat Nip: _____

PET HANDLING INFORMATION

Yes	No	Don't Know	<u>Does your pet tolerate:</u>	<u>Details if any:</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wearing a basket muzzle	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wearing a grooming/nylon/mesh muzzle	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wearing a Halti, Gentle Leader, or other head halter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being crated overnight for up to 8 hours	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being left alone for any period of time	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having front paws handled	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having back paws handled	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having mouth and teeth handled	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having body wiped down	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being brushed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having nails trimmed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Having ears checked	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wearing a jacket/coat	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wearing booties	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct eye contact (stare)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being snuggled	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being picked up	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Being bathed	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playing with other dogs	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking up and down stairs	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	_____

The following tools will not be used on your pets while in the care of PetSteps Dog Training: Pinch Collars, Choke Chains, Shock Collars, Citronella or any other type of spray/correction collar, or flexi-leashes. Any other make-shift or improvised restraint system such as the figure 8 around the muzzle with a slip lead or a simple slip lead may be used in emergencies only.

The recommended restraints are properly fitted and secure Martingale Collars, Flat Buckle Collars, Harnesses, including No-Pull Harnesses, or properly fitted head halters. Collars will be left on the dog during their stay unless they are deemed a hazard during play sessions.

PET DICTIONARY

What commands do you use at home?

LIST OF YOUR HOUSE RULES **& MISC.**

...IS NEVER ALLOWED TO DO	...SHOULD ALWAYS DO

MY PET LIKES....	MY PET WILL DO <u>ANYTHING</u> FOR...

WHAT IS YOUR PET'S POTTY ROUTINE:

- Potties on leash during walks.
- Potties in back yard off leash.
- Has a set schedule. Times: _____
- Has no schedule, let us know.
- Pees on leash only will not poop.
- Need to potty signals: _____
- Other: _____

What else would you like us to know about your pet or their daily routine?