



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	Does your pet tolerate:	Details if any:
<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.

What commands do you use at home?

What commands do you use at home?

[illegible]

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?