



PET'S MEDICAL INFORMATION

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

Primary Phone#:	Primary Email:
Preferred Communication <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Messenger <input type="checkbox"/> 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

<input type="checkbox"/> Fort McMurray Animal Hospital <input type="checkbox"/> Wood Buffalo Small Animal Hospital <input type="checkbox"/> Northern Veterinary Services	<input type="checkbox"/> Out of Town Clinic: Name: _____ Address: _____ Phone #: _____
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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.

<input type="checkbox"/> Core Vaccinations. Date received: _____ <input type="checkbox"/> Rabies. Date received: _____ <input type="checkbox"/> Titre Tests have been done to prove immunity according to attached letter from the Vet. Date of Titre Test: _____	<input type="checkbox"/> Bordatella. Date received: _____ <input type="checkbox"/> Parasite Control. Date received: _____
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MEDICAL CONDITIONS

Please check all that apply.

<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Hip Dysplasia	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Obesity	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Peanut Allergies in Home	<input type="checkbox"/> 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

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

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

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?