

Chester's Place

Contact and Boarding Information

Boarding Date: _____ Pet's Name: _____

Drop Off Time: _____ Pick Up Time: _____

Pet Parent's Name: _____

Pet Parent's Phone Number/Email: _____

Emergency Contact/Relationship: _____

Preferred Method of Contact and Frequency for Updates: _____

Pet Info

Age: _____ Spayed/Neutered: Yes No Microchipped: Yes No

If Microchipped, Company and Chip #: _____

Breed: _____ Color: _____ Unique Markings: _____

Preferred Veterinarian Name and Number: _____

Date of Last Vaccinations: _____

Rabies: Yes No

Bordetella (Kennel Cough) : Yes No

DHLP (Distemper, Influenza, Parvo): Yes No

Type of Flea Treatment: _____

Pet Care and Schedule

Food and Acceptable Treats: _____

Feeding Times and Amounts: _____

Walking and Bathroom Schedule: _____

Medication Required: Yes No If Yes, please list the name, dose, and schedule

here: _____

Where does the pup sleep?

Dog Bed Owner's Bed Crate Other: _____

What length of time is the pup ok being left alone?

2-4 Hours 4-6 Hours 6-8 Hours Can't be left alone

Behavior and Tips

Has your dog spent time with people outside of your immediate family? Are they comfortable around strangers and children?

Yes No

Does your dog enjoy being with other dogs?

Yes No Other, please explain - _____

What size pups have your dogs been around?

Small Medium Large None- they only spend time with our family

Has your dog ever been fearful of other dogs or been in a scuffle with another pup? What were the circumstances around that?

Yes No

Has your pup ever chewed on, eaten, or marked something they weren't supposed to? What were the circumstances around that?

Yes No

Has your dog ever exhibited signs of stress or anxiety when away from you or home alone?

Yes No

If yes, do you have any tips for keeping them calm?
