



ALMOST HOME
BOARDING & TRAINING
1219 Dorsey Lane, Louisville, KY 40223 502-384-8484

Owner Information:

Date: _____

Owner: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Email: _____

How did you hear about us? _____ If referred, by who? _____

Emergency Contact (Name and Phone): _____

(In the Event of an Emergency we require an alternate contact in addition to the Owner)

Other Person(s) authorized to pick up pet(s): (Pets will only be released to Owner, except those authorized below)

Name and Phone 1) _____

2) _____

Pet Information:

Dog's Name: _____ Breed: _____

Gender: _____ Age: _____ Color: _____

Microchipped: Yes No Neutered/Spayed: _____

Veterinarian: _____ Vaccine History: Copy present: _____

Flea/Tick Preventative: Brand and last date applied: _____

Medical/Behavior Conditions: _____

Medication/Directions: _____

Your Pet Ever Bitten or Scratched any Person or Animal? _____

(if yes please explain) _____

Is Your Pet Food/Toy Protective? Yes No Explain: _____

Does Your Pet Chew or Tear Up Bedding or Other? Yes No Explain: _____

Fence Jumper: _____

Other Special Needs/Comments: _____

Feeding Instructions:

Brand of Food: _____ How Much: _____ How Often: _____

Do you leave food out all the time? _____

Can your dog have treats while staying with us? Yes No

Food Allergies: _____

Additional Information:

How did you acquire your dog?

Has your dog ever been around puppies? Yes No Explain: _____

How does he/she react to puppies? _____

What age was your dog when you brought them home? _____

How long have you owned your dog? _____

Does your dog go to the dog park? Yes No Explain: _____

If yes, how often? _____

Has your dog ever had problems with other dogs or a fight at the dog park? Please explain details:

Is there any kind of breed of dog your dog does not like? (breed/size/sex)

Is your dog afraid of noises? Thunderstorms? People/Strangers?

(men/women/children) Other:

Have you taken classes with your dog before? Yes No Explain: _____

What type? _____

If owned as a puppy, did you attend a puppy socialization class? _____

Has your dog ever attended dog daycare before? Yes No

If yes, where and how often? _____

How long since your dog last attended dog daycare regularly? _____

Does your dog have any medical conditions or sensitivities that might be a factor playing with other dogs?
