



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: Yes No

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: _____

What type of flea protection is your pet on? _____ Last date applied? _____

Please be advised: Flea protection will be applied at owner's expense if warranted.

Other Special Needs/Comments: _____

