

Annalisa's Dog Resort Intake Form

Owner Information

Full Name: _____

Phone Number: _____

Address: _____

Email: _____

Emergency Contact (other than owner)

Name: _____

Phone: _____

Relationship: _____

Dog 1 Information

Dog's Name: _____ Breed: _____

Age: _____ Sex: Male Female

Spayed/Neutered: Yes No

Weight: _____ lbs

Color/Markings: _____

Microchip: Yes No, AirTag/Tracker: Yes No

Veterinary Information

Veterinary Clinic: _____

Phone Number: _____

Dog 2 Information

Dog's Name: _____ Breed: _____

Age: _____ Sex: Male Female

Spayed/Neutered: Yes No

Weight: _____ lbs

Color/Markings: _____

Microchip: Yes No

AirTag/Tracker: Yes No

Vaccinations (required)

Rabies: Yes Exp: _____

Distemper/Parvo (DHPP): Yes Exp: _____ Bordetella:

Yes Exp: _____

Health & Behavior (for each dog)

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Flea/Tick Prevention: Yes No Product/Last Given: _____

Typical Behavior: (e.g., friendly, shy, anxious) _____

Does your dog get along with other dogs? Yes No Unsure

Any aggressive tendencies? Yes No If yes, please describe:

_____ Does your dog have a history of escaping (climbing, digging, slipping collar, etc.)? Yes No

If yes, please describe: _____

How does your dog do on walks?

Does your dog Pull Try to chase small animals Bark at people Bark at dogs

Is there anything else I should know to make your dog's stay more comfortable?

Boarding Preferences (for each dog)

Feeding Schedule: Once Daily Twice Daily Other: _____

Portion Size/Details: _____

Treats Allowed? Yes No

Playtime Preferences: With Dogs Alone

Sleeping Arrangements: Crate Bed No Preference

Owner Authorization

I authorize emergency veterinary treatment if needed.

If my dog becomes ill or injured during boarding, I authorize Annalisa's Dog Resort to take my dog to a licensed veterinarian. I understand I am responsible for all veterinary expenses.

I understand boarding staff will do their best to ensure safety and comfort.

I release Annalisa's Dog Resort from liability in case of illness, injury, or unforeseen incidents.

Signature: _____ Date: _____