



# Day Camp and Boarding Intake Form

## General Information

Dog Name: \_\_\_\_\_

Dog 2 Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

### *Tell us about yourself:*

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

eMail: \_\_\_\_\_

How did you hear about Unleashed Boarding?:

- Google or other Search
- Facebook
- Yelp!
- LinkedIn
- Postcard/Brochure/Business Card
- Vehicle Sign
- Word of mouth. Who can we thank?  
\_\_\_\_\_
- Community Event, Where?  
\_\_\_\_\_
- Other, Please specify:  
\_\_\_\_\_

**Who can we contact while you're away (if not you):**

Priority: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Back up: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Local Emergency Contact:**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Why Unleashed Boarding?** \_\_\_\_\_

*(If you have more than one dog, please resend PAGE 2 for each additional dog)*

Your Name: \_\_\_\_\_ Your Dog's Name: \_\_\_\_\_

**Behavior and Health Information (check all that apply):**

QUESTIONS	If box checked, add detailed information below
<input type="checkbox"/> Allergies	
<input type="checkbox"/> Physical limitations	
<input type="checkbox"/> Sensitive areas on his/her body	
<input type="checkbox"/> Aggressive around food or toys	
<input type="checkbox"/> Has your dog ever bit another dog or a person?	
<input type="checkbox"/> Escapes fenced areas	
<input type="checkbox"/> Eats non-food items	

**MEDICAL INFORMATION:**

Is your dog on medication?  Yes  No

What for? \_\_\_\_\_

How long have they been taking it? \_\_\_\_\_

Has your dog taken medication in the past? \_\_\_\_\_

What For? \_\_\_\_\_

Any allergies to medication?  Yes  No

Who is your vet? \_\_\_\_\_

**FEEDING SCHEDULE:**

	Breakfast	Dinner
<b>Food Amounts:</b> <i>**Consider increasing serving size to accommodate increased activity level</i>		
<b>Medications/Supplements Amounts:</b>		
<b>Additional Feeding Instructions:</b>		

Is there anything else we should know about your dog? \_\_\_\_\_

**Additional documentation required before beginning of your stay:**

Proof of Vaccination       Proof of Fecal Test       Client Agreement Signed