

TheraVet Acres Rehabilitation and Fitness Boarding Form



Client Information (please print)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

E-mail: _____ Spouse/Significant Other Name: _____

How Did You Hear About Us: _____

Local Emergency Contact: _____

Pet Information (please print)

Pet's Name: _____

Breed: _____ Birthdate: _____ Male/Female Spayed/Neutered

How old was your pet when you obtained: _____ How old when spayed/neutered: _____

Where was your pet obtained from: _____

Pet History (please print)

Regular Veterinarian: _____ Practice: _____ Yrs There: _____

Allergies: (food, environmental, etc) _____

Phobias: (loud noises, lightning, etc) _____

Socialization issues (aggression, fear of people/dogs) _____

Pet Motivated by (food, toys, etc.): _____

Does your pet have any medical issues (past and/or present)? _____

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Activity/Exercise:

What type and quantity of exercise does your pet do on a daily and weekly basis? _____

Is your pet walked using: Head Harness Body Harness Collar Flexi-Lead
Fixed Lead Other _____

Day-to-Day Items

Brand of Food given: _____ Type: Wet/Dry _____

Quantity of Food: _____ When fed: _____

Brand of Food given: _____ Type: Wet/Dry _____

Quantity of Food: _____ When fed: _____

Snacks/treats: _____

Quantity: _____ When given: _____

Supplements given (with amounts): _____

Medications (with amounts): _____

How often/when does your dog defecate? _____ Urinate? _____

Any stool issues (soft, hard, loose) _____

Any command to help them go to the bathroom _____

Any problems going to bathroom while on leash _____

Please give us any other information that you feel could be beneficial to us in helping your pet:

Thank you for taking the time to fill out this information; this will allow us to tailor your pets care for the best boarding experience.