



Pet Daycare/Boarding Application

The Pet Set - Atlanta, GA

Your Information

(*) Asterisk indicates a required field in order to submit.

Name *

First Name Last Name

Email *

example@example.com

Cell Phone Number *

Please enter a valid cell phone number.

Home Phone Number *

Please enter a valid phone number.

Preferred Method of Phone Contact

Home Phone
Cell Phone

Address

Street Address

Street Address Line 2

Secondary Owner's Name

First Name Last Name

Additional Names

Please list the First & Last names of people your pets may be released to. We will only release pets to you or your assigned agents.

Emergency Contact Name

First Name Last Name

Emergency Contact Telephone

Please enter a valid phone number.

Pet Information

Please complete all fields for your pet's Personal Information

Pet Name

Pet Type

Dog

Cat

Color**Size**

Mini

Small

Medium

Medium Large

Large

Giant

Sex

Male

Female

If Female, when was your Pet's last cycle**Breed****Weight****Pet's DOB****Is Your Pet Spayed/Neutered?**

Yes

No

Does Your Pet have any of the following Identifications?

Microchip

None

Markings

Disabilities

If any

Describe your Pet's Interaction with people

Aggressive

Friendly

Shy

Bites

Other

If "Other" type of Interaction with people - Please describe

Describe your Pet's Temperament

Aggressive

Friendly

Shy

Bites

Other

If "Other" type of Temperament - Please describe

Does your Pet have any Behavioral Issues?

No

If your Pet has Behavioral Issues - Please explain

Has your Pet ever Bitten or been Bitten?

Yes

No

If "Yes" - Please explain

Has your Pet attended a Daycare before?

Yes

No

If "Yes" - When & where

If "No" - Type "N/A"

Has your Pet attended a Boarding Facility before?

Yes

No

If "Yes" - When & where

Has your Pet attended Obedience Training?

Yes

No

If "Yes" - When & where. Please describe the outcomes of the Training.

If "No" - Type "N/A"

Does your Pet know Basic Commands?

Add all that apply: Sit, Stay, Come, Down, Fetch...

Is your Pet House Trained?

Yes

No

Is your Pet Crate Trained?

Yes

No

Health/Medical Information

Veterinarian Name

First Name Last Name

Clinic Name

Clinic Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Clinic Telephone Number

Please enter a valid phone number.

Clinic Fax Number

Please enter a valid FAX number.

Allergies

Please list any known Allergies

Medications

Please list all Current Medications - Including the Frequency/Time Medication is administered

Date of last complete Physical Exam

Date of last Fecal Exam

Rabies Vaccination Date Administered

Rabies Vaccination Due Date

DHLP Vaccination Date Administered

DHLP Vaccination Due Date

Parvo Vaccination Date Administered

Parvo Vaccination Due Date

Bordatella Vaccination Date Administered

Bordatella Vaccination Due Date

Heartworm Medication Date Administered

Heartworm Medication Due Date

What type of Flea & Tick Control methods are used?

- Topical
- Oral
- Spray
- Powder
- Shampoo
- Dip
- Collar

Pet Daily Information

General information about your Pet's daily habits and lifestyle

Regular Brand & Variety of Food

Food Type

- Wet
- Dry (Hard)
- Dry (Moist)
- Frozen Raw
- Freeze-Dried Raw
- Other

Quantity of Food per Feeding

In cups, ounces, bowl, etc

List all Feeding Times

Regular Walking Times

AM? PM? AM/PM?

Exercise Instructions

Sleep Times

Typical Waste Elimination Times

Instructions, Concerns, or Special Needs

Client Signature

Today's Date *

MM/DD/YYYY