



# Boarding

**DOG OASIS** Last Name \_\_\_\_\_

Please fill this out for each additional dog you are bringing to stay with us. There is a longer form with owner information to fill out for the first dog. Each additional dog will be on this shorter form.

**Fill the below information out for each dog.**

Dogs Name: \_\_\_\_\_ Age: \_\_\_\_\_ Color \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: \_\_\_\_\_

**Current Medical Conditions:**

Any Current Injuries? \_\_\_\_\_ Please Explain: \_\_\_\_\_

Any Current Medications During this stay? Yes No - If Yes please fill out medicine form.

Allergies? \_\_\_\_\_

Is the animal sensitive to touch? \_\_\_\_\_ If Yes Where? \_\_\_\_\_

Any current/specific behavior problems? \_\_\_\_\_

Any history of aggression? \_\_\_\_\_

Food  Owner Will Provide Food  Will eat Kennel Food

Feeding schedule and amount? Morning \_\_\_\_\_ Night \_\_\_\_\_ Free Feed \_\_\_\_\_

Is there anything that the animal likes or dislikes in terms of touch, food, toys, noise etc...? \_\_\_\_\_

Can I give your dog treats? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....

**Office Use:**

**Vaccination History:**

Immunizations Dates: DHPP \_\_\_\_\_ Rabies \_\_\_\_\_ Bordetella \_\_\_\_\_ Canine Flu \_\_\_\_\_

Proof: Copy with Records \_\_\_\_\_ Emailed \_\_\_\_\_ Text \_\_\_\_\_

Notes \_\_\_\_\_