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ABN: 29 147 007 163

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

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

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE.

**Background history of your pet:**

Did they come from a breeder/pet shop/re-homing shelter?

At what aged was your pet acquired?

Has your pet been in a boarding facility previously? Yes/No. If yes, was his/her experience beneficial?

Favourite activity/toy?

**Medical History:**

Any illness/ health concerns (current or past)?

Any injuries (current or past)?

Surgeries (current or past)?

Any allergies?

**Dietary Information:**

Favourite foods?

Food dislikes?

If your pet displayed no appetite for 3 days, what would you buy and offer that they would not refuse?

Eating and meal times?

Sensitive stomach issues?

What brand and type of food does your pet normally eat at home?

**Social Behaviour:**

How long do you spend interacting with your pet each day?

Does your pet enjoy being handled by strangers?

Is your pet familiar with other animals (if so what type/s)

Behaviours we should know about (e.g. tricks, games, habits)?

Has your pet ever shown ability or tendency to escape housing?

Does your pet have a disliking to any of the following (please circle):

- Vacuums
- Brooms
- Mops
- People

Any other information that will assist us in caring for your pet?

**Emergency Contacts**

MUST BE DIFFERENT FROM ANY OWNERS/ PARTNERS OF THE PET

All emergency contacts must know the pet and be aware that they are noted in case of emergency as they will be responsible for making any decisions on your behalf should you be un-contactable.

First Contact's Name \_\_\_\_\_

Contact number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to owner \_\_\_\_\_

Second Contact's Name \_\_\_\_\_

Contact number \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to owner \_\_\_\_\_

Current veterinary Clinic \_\_\_\_\_