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Date _____

Owner's Name _____

Pet's Name & Breed _____

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE.

Is this dog an entire male? If so, being an entire male our house rules state that he will not be played with other dogs. It is not a reflection on the dog himself as entire males can be extremely social and well behaved, it is more so because the dynamics of the group of dog's changes considerably and therefore makes it an unstable environment, and can lead to fights. We have a duty of care to all clients and will endeavour to do our best to assess all dogs to find them suitable playmates. Their playtimes will be one dog per section of Central Bark and will be given the same time as a group.

Background history of your dog:

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

What age was your dog when acquired?

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

Favourite activity/toy

Favourite foods?

Food dislikes?

What brand of food is used for meals provided at home (please be specific including the type)?

If your pet displayed no appetite for 5 days, what would you buy and offer that they would not refuse?

Eating and meal times?

Sensitive stomach issues?

What is your ideal weight for your dog?

If your dog is feeling poorly or has Separation Anxiety, would you say they are more food, cuddle or toy oriented to help them feel better?

How long do you spend exercising your dog each week?

What form of socialisation has your dog experienced?

- Off lead park

- Dog beach
- Doggy Day Care

What is your dog's training history?

- No formal training
- Trained by yourself
- Puppy Kinder
- Group class basic
- Group class intermediate
- Group class advanced
- Private Training
- Obedience Titles
- Agility
- Other

Behaviours we should know about (please provide details of the situation/ circumstance):

- Has your dog jumped over a fence? If so how high?
- Has your dog ever shown any behaviours associated with:
 - escaping the house
 - escaping the yard
 - slipping out of the lead/ harness
 - opening doors/ latches
 - squeezing through small spaces/ openings
- Has your dog ever chewed or damaged any beds, cushions or blankets?
- Does your dog prefer to play with Male or Female dogs or both?
- Is your dog possessive of toys, food and objects (explain)?
- Has your dog ever growled or snapped at anyone taking food or toys away (explain)?
- Does your dog play off lead with other dogs?
- Has your dog ever growled or bitten someone?
- Has your dog ever bitten another dog?

Any illness/ health concerns (current or past)?

Any injuries (current or past)?

Surgeries (current or past)?

Any allergies?

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

- Vacuums
- Brooms
- Mops
- Larger dogs
- Smaller dogs
- People
- Baths
- Blow Dryers

Does your pet have sensitivity to any shampoos/ colognes/ perfumes/ creams?

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

Two (2) Emergency Contacts (MUST BE DIFFERENT FROM ANY OWNERS/ PARTNERS):

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.

1) Name _____

Contact number _____

Email Address _____

Relationship to owner _____

2) Name _____

Contact number _____

Email Address _____

Relationship to owner _____

Current veterinary Clinic _____

Signature _____ Date _____