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petshotel
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Date _____

Owner's Name _____

Pet's Name & Breed _____

PLEASE COMPLETE WITH AS MUCH DETAIL AS POSSIBLE.

Background history of your pet: eg, 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?

Food likes (favorites)?

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

Food dislikes?

Eating and meal times?

Sensitive stomach issues?

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

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 (eg Tricks, Games, Habits)?

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

Any injuries (current or past)?

Any surgeries (current or past)?

Any allergies?

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?

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 _____