



The Yuppie Pup Small Dog Boarding

PET INFO (Additional Pets)

Owner: _____ Date: _____

Name of Dog: _____ Breed: _____

Male Female Spayed / Neutered

Weight: _____ Color: _____ Birthdate: _____

Veterinarian Clinic: _____ Phone: _____

Dr. Name: _____ Address: _____

Vaccinations

Please list the current expiration dates for the following vaccinations:

Bordatella _____ DHPP _____ Rabies _____

Does your dog have a microchip? Yes No

If yes, Brand & Number: _____

Has your dog been ill in the last 30 days? Yes No

Is your dog displaying any unusual symptoms such as coughing, sneezing, or upset stomach? Yes No

Are there any restrictions that need to be placed on your dog's physical activities or movements? Yes No

If yes, please explain: _____

Has your dog ever been boarded before? Yes No

If yes, any previous issues when boarding? _____

If a Kennel Bath becomes necessary, would your dog have any issues/anxiety? _____

Does your dog enjoy being brushed? _____

Has your dog ever attended Group Play? Yes No

If yes, how did he/she respond? Please circle ALL that apply:

Playful	Dominant	Yelping/Nipping	Ignored Other Dogs
Talkative	Aggressive	Possessive of toys	Sniffed & Peed
Nervous	Excited	Herded other dogs	Other _____
Submissive	Hackles-Up	Ran Laps	

4250 E. Snider Dr. Wasilla, AK 99654
(907) 373-PUPS
www.TheYuppiePup.com



The Yuppie Pup Small Dog Boarding

Would you like your dog to be a part of group play? Yes No

Has your dog ever bitten a person or another dog? Yes No

If yes, please explain: _____

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes No

If yes, please explain: _____

Has your dog ever been bitten or attacked by another dog, or been abused? Yes No

If yes, please explain: _____

Does your dog play with toys? Yes No If yes, favorite kind? _____

What are your dog's favorite games? _____

Does your dog have any specialty training (ie, search & rescue, therapy, agility)? _____

Any other tricks or commands that you'd like to share with us? _____

DAILY FOOD

What kind of food does your dog eat? _____

How much & often (ie: 2cups 2x/day)? _____

- Eats all food at mealtime Nibbles throughout day
 Goes for periods without eating Sometimes requires more palatable food to be mixed in to eat

Does your dog have any food allergies? Yes No please explain: _____

Does your dog eat or chew on his bedding? Yes No

MEDICATIONS

Is your dog on any medications? Yes No *Use the backside if need be.

If YES please explain type & dose: _____