



DOGLOGIC BOARDING / BOARD TRAINING – IMPORTANT BOARDER INFORMATION

Dogs Name: _____
 Breed: _____
 D.O.B. _____ M/ F _____ Spayed / Neutered? _____
 Owners Name/s: _____
 Address: _____
 Home Phone: _____
 Cell Phone: _____
 E mail: _____
 Veterinarian: _____
 Tattoo or microchip number: _____
 Identifying marks: _____
 Emergency Contact Number: _____
 Second Emergency Contact Number: _____
 Other people authorized to pick up my dog: _____

How long have you owned your dog? _____

Any special medical conditions or considerations / physical limitations / orthopedic issues / hip dysplasia (*please specify*)

- Flea / Tick preventative Last given _____ Due _____
- Heartworm preventative Last given _____ Due _____
- Intestinal worm
 preventative Last given _____ Due _____
- Other medications Last given _____ Due _____

Allergies (*please specify*)

Brand of food _____ Amount _____ Times per day _____

DROP - OFF DATE _____ (mm/dd/yyyy) TIME _____

PICK - UP DATE _____ (mm/dd/yyyy) TIME _____

I would / would not like my dog/ s to socialize and co-mingle with other dogs during his stay.

Signed