



BADGER SUITES
🐾 PET MOTEL 🐾

Pet Boarding Registration

Owners Name(s):

Address:

City: _____ State: _____ Zip: _____

Cell Phone: _____ Do you use your cell phone for texting? _____

Home Phone: _____ Business Phone: _____

E-mail : _____

How did you hear about us?

Emergency Contact (*other than owner*)

Name: _____

Phone: _____

Authorized Handlers: Badger Suites will release your dog to the following person(s):

Name of Pet: _____ Dog ___ Cat ___ Bird ___

Breed: _____

Male ___ Female ___ Spayed/Neutered _____

Color: _____

Veterinarian/Clinic: _____

Phone Number: _____

Address: _____ City: _____

Does your Dog/Cat have a Micro Chip? Yes ___ No ___

Vaccinations: We require Bordatella, Distemper and Rabies to ALL be up-to-date. Please attach vet records or have your Veterinarian fax/email them to us. (608)757-9581 or badgersuites@gmail.com

Method of Flea Control: _____

Does your dog/cat display 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/cat's physical activities or movements? Yes ___ No ___

If yes, please explain:

Has your dog/cat ever bitten a person or another animal? Yes ___ No ___

Has your dog/cat ever exhibited and aggressive behavior toward people or other dogs/cats? Yes ___ No ___

Has your dog/cat ever been bitten or attacked by another animal, or been abused? Yes ___ No ___

If yes, explain:

Brand of food your dog/cat eats: _____

How much and how often?:

*Eats all food at meal time ___

*Nibbles throughout the day ___

*Goes for periods without eating ___

*Sometime requires canned to be mixed in to eat ___

Does your dog/cat have any food allergies? Yes ___ No ___

If yes, please explain _____

Does your dog/cat eat or chew bedding? Yes ___ No ___