

# BADGER SUITES PET MOTEL

## PET BOARDING INFORMATION

**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 \_\_\_

Breed: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Spayed/Neutered \_\_\_ Color: \_\_\_\_\_

Veterinarian/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Vaccinations (please list current expirations dates or attach Veterinarian copy.)

Bordatella \_\_\_\_\_ DHPP \_\_\_\_\_ Rabies \_\_\_\_\_

Method of Flea Control: \_\_\_\_\_

Does your dog 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 physical activities or movements? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

**FOR DOGS ONLY:**

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

Has your dog ever exhibited and aggressive behavior toward people or other dogs? Yes \_\_\_ No \_\_\_

Has your do ever been bitten or attacked by another dog, or been abused?

Yes \_\_\_ No \_\_\_

**If yes, explain:**

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**What kind of food does your dog eat?** \_\_\_\_\_

**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 have any food allergies?** Yes \_\_\_\_ No \_\_\_\_

**Please explain** \_\_\_\_\_

**Does your dog eat or chew bedding?** Yes \_\_\_\_ No \_\_\_\_