

# Pet Network Boarding Contract Addendum A

(Owner and Pet Profile – required for each pet boarded)

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Email: \_\_\_\_\_

## **Emergency Contact** (please use a local individual if possible/cannot be yourself)

Phone: \_\_\_\_\_ Other: \_\_\_\_\_ \*\* Please note that by providing this individual as your emergency contact you are authorizing them to make decisions related to your boarded pet in your absence. Decisions made by this individual are binding – including financial obligations incurred with their permission on behalf of your pet (veterinary bills etc).

Pet's Veterinarian: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Pet: \_\_\_\_\_ Species (dog or cat) \_\_\_\_\_

Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Spayed/Neutered? Yes / No Weight: \_\_\_\_\_

## **Medications to be administered during stay:**

Med: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Administration instructions: \_\_\_\_\_

Med: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

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Med: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

Administration instructions: \_\_\_\_\_

**Please list all side affects for any medications we will give your pet during their stay:** \_\_\_\_\_

**Feeding Instructions:**

Brand/Type of food(s) \_\_\_\_\_

Amount per feeding (cups) \_\_\_\_\_ Times per day: \_\_\_\_\_

Owner provided food? Yes / No. Special Instructions: \_\_\_\_\_

**Previous boarding experiences with your pet: (escape attempts, excessive stress, medical issues, fear, aggression (people or animal etc.)** Please include the name and contact information for previous boarding facilities you have used previously \_\_\_\_\_

**Pet Personality (check all that apply)**

<input type="checkbox"/> Dominant / Alpha	<input type="checkbox"/> Annoyed Easily	<input type="checkbox"/> Happy/Playful
<input type="checkbox"/> Submissive	<input type="checkbox"/> Energetic	<input type="checkbox"/> Wild/Unpredictable
<input type="checkbox"/> Disinterested / Aloof	<input type="checkbox"/> Low Energy	<input type="checkbox"/> Needy
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Fearful	<input type="checkbox"/> Social

Other: \_\_\_\_\_

**My pet may act aggressively/fearful as a result of (check all that apply)**

<input type="checkbox"/> toys	<input type="checkbox"/> leash aggression	<input type="checkbox"/> loud noises
<input type="checkbox"/> food	<input type="checkbox"/> larger pets	<input type="checkbox"/> hats/sunglasses
<input type="checkbox"/> human affection	<input type="checkbox"/> smaller pets	<input type="checkbox"/> quick movements
<input type="checkbox"/> females	<input type="checkbox"/> sibling protection	<input type="checkbox"/> being mounted
<input type="checkbox"/> males	<input type="checkbox"/> children/kids	<input type="checkbox"/> collar restraint
<input type="checkbox"/> barrier/kennel aggression	<input type="checkbox"/> treats	<input type="checkbox"/> Other: _____

How long have you owned this pet? \_\_\_\_\_ Any known history of abuse or neglect? \_\_\_\_\_. Where did you obtain this pet? \_\_\_\_\_

**My pet is most comfortable with animals of this type (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Young animals            | <input type="checkbox"/> low energy animals    | <input type="checkbox"/> female animals  |
| <input type="checkbox"/> Older animals            | <input type="checkbox"/> high energy animals   | <input type="checkbox"/> small animals   |
| <input type="checkbox"/> Alone (no other animals) | <input type="checkbox"/> male animals          | <input type="checkbox"/> large animals   |
| <input type="checkbox"/> large group play         | <input type="checkbox"/> only small group play | <input type="checkbox"/> other (explain) |
- \_\_\_\_\_
- \_\_\_\_\_

**My pet's play/ socialization experiences are normally in this environment: (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Dog park       | <input type="checkbox"/> boarding facility/daycare |
| <input type="checkbox"/> home           | <input type="checkbox"/> hiking trail              |
| <input type="checkbox"/> neighborhood   | <input type="checkbox"/> beach/water/creeks        |
| <input type="checkbox"/> family/friends | <input type="checkbox"/> other (explain) _____     |

**My pet's history of escaping/attempting to escape confinement include: (check all that apply)**

- |   |  |              |
|---|--|--------------|
| <input type="checkbox"/> digging        | <input type="checkbox"/> slipping collar/leash |              |
| <input type="checkbox"/> fence climbing | <input type="checkbox"/> jumping barriers      | Other: _____ |

**My pet's pre-existing disabilities or previous injuries include:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> mobility problems     | <input type="checkbox"/> blind            | <input type="checkbox"/> anxiety/separation    |
| <input type="checkbox"/> arthritis             | <input type="checkbox"/> deaf             | <input type="checkbox"/> stomach issues        |
| <input type="checkbox"/> bladder/bowel control | <input type="checkbox"/> breathing issues | <input type="checkbox"/> chronic ear infection |
| <input type="checkbox"/> sore spots            | <input type="checkbox"/> broken limbs     | <input type="checkbox"/> torn tendons etc      |
- other/explanation: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Any other information that will help us make your pet's stay safe and happy?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_