MILLIE'S
CARRIAGE HOUSE KENNEL

CLIENT INFORMATION	
Name:	
Address:	
Phone:	Email:
Calling, Texting or Email:	
EMERGENCY CONTACT DETAILS	
Name:	Relationship:
Phone:	
Other Important Info about Trip:	

PET INFORMATION	
Name:	Breed:
DOB:	Weight:
Sex:	Colors:
Likes:	Dislikes:
Temperament:	
Big Chewer (blankets or stuffing etc):	
Other Important Details about Pet:	

Pet Behavior

Does your pet exhibit any destructive behaviors?

If yes, please elaborate:

Has your pet ever shown aggressive behavior towards another person or animal?

If yes, please elaborate:

Feeding instructions (Type of food, feeding times and amount):

Does your pet ever glare, growl, snap, bark, bare teeth or any other anxious behavior towards people or other pets? If yes, please check the ones that apply.

[ ] Eating [ ] Playing [ ] Going Potty [ ] Touched [ ] Water [ ] Playing with Toy

[ ] Paws [ ] Sleeping [ ] Touching Collar [ ] Dog/Cat Other: _____

Is your pet allowed to receive treats provided by the kennel?

Play Instructions/ Favorites Place to be Pet:

Is your **DOG** allowed to play in water/ pool?

If yes, do they get ear infections often?

Does your pet chew on bedding/ blankets?

If yes, please elaborate:

Is your pet potty trained?

If yes, do they need certain conditions to feel comfortable going?

Is you pet afraid of anything or have anxiety? (Fireworks, thunder, etc)

If so, please explain:

Does you pet have any triggers that you know off?

[ ] Men [ ] Women [ ] Uniforms [ ] Canes [ ] Shoes [ ] Cars [ ] Children

[ ] Hats [ ] Vacuum [ ] Bicycles [ ] Cats [ ] Dogs [ ] Sunglasses [ ] Other:

Veterinarian Info	
Clinic Name:	Dr. Name:
Phone Number:	Email:
Address:	

Pet Health
Illnesses or medical issues (surgeries, physical limitations or chronic illnesses) If yes, please elaborate:
Tips or tricks to administer medication?
Is your pet up to date on vaccinations that are required?
Is you pet spayed/neutered?
Type of Flea and Tick Prevention: Date Last Given: / /
Does your pet have any allergies? (food/environmental) If yes, please elaborate:

Medication	Condition	Instructions

SERVICES	
Drop Off Date:	Pick Up Date:
Approximate Drop Off & Pick Up Time:	
Items brought by Owner: [ ] Food [ ] Toys [ ] Treats [ ] Collar [ ] Leash [ ] Litter Other: [ ] Harness [ ] Bed [ ] Bowl [ ] Blanket [ ] Medicine [ ] Crate	
Has your pet been to a boarding facility before?	