Your Pup's Name

_____

Has your dog been fed or had any medications today?

PUPS AT PLAY

Boarding Questionnaire

Personal Items

DETAILS

Please list all belongings you brought for your pet:

- ☐ Bed/Blankets _____
- ☐ Toys _____
- ☐ Treats _____
- ☐ Medications _____
- ☐ Other _____

Feeding

Brand: _____

Feeding Times:
- ☐ AM
- ☐ Midday
- ☐ PM

Frequency of feeding per day:
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ Free Feed / Graze
- ☐ Other _____

Amount Per Feeding: _____

Please explain how you prepare food: _____

Medication (Only complete if we will need to administer medication to your pet)

Medication Name: _____

Medical Condition: _____

Type of Medication
- ☐ Oral
- ☐ Ear L / R
- ☐ Eye L / R
- ☐ Topical

Frequency per day:
- ☐ 1x
- ☐ 2x
- ☐ 3x
- ☐ Other: _____

Time(s) of day to administer medication: _____

How to administer: _____

Give with food? _____

Allergies

Please list any allergies: _____