

BOARDING APPLICATION

Lakeside Pet Retreat LLC

Ph: 907-892-0123 Fax: 907-892-0124

Website: www.lakesidepetretreat.com

Email: lakesidepetretreat@gmail.com



Hours: 9AM-12PM & 3PM-5PM Daily

Closed Daily 12PM-3PM Guest Nap Time - QUIET PLEASE -

OWNER

Owner 1 Name (Primary): _____

Owner 2 Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Tel: _____

Cell Phone 1: _____

Cell Phone 2: _____

Email: _____

EMERGENCY CONTACT INFO (OTHER THAN OWNERS LISTED ABOVE)

Name: _____

Phone: _____

Relationship: _____

The above-named person is authorized by me to:

- Pick-up my pet(s) from boarding or daycare
- Make decisions on my behalf in an emergency

Name: _____

Phone: _____

Relationship: _____

The above-named person is authorized by me to:

- Pick-up my pet(s) from boarding or daycare
- Make decisions on my behalf in an emergency

OPTIONAL

- By checking here, you may verbally (by telephone) request to release your pet to someone other than the person(s) listed above.*

MY VETERINARY CLINIC: _____

PET 1

Name: _____

Breed: _____

Weight: _____

Age: _____

Check all that apply:

- Male
- Neutered
- Female
- Spayed

Has your pet had any health problems or medical conditions in the past? Examples: rash, hot-spots, chew on themselves, urinate blood, have seizures, etc?

Explain: _____

Does your pet have allergies?

- Seasonal
- Food
- Skin
- Other

Does your pet have separation anxiety / destructive behaviors?

Explain: _____

Has your pet ever:

- Bitten You?
- Bitten Another Person?
- Bitten Another Pet?

Explain: _____

Has your pet ever climbed or jumped over a fence?

Explain: _____

Does your pet have..

- Toy Aggression
- Food Aggression

Explain: _____

Group Play:

- By checking here, you acknowledge that the dog(s) listed is/are permitted to be co-mingled with other dogs during group play. Lakeside Pet Retreat LLC retains in its sole discretion to determine that your pet(s) is/are eligible for such activities.

Eating Habits:

- Eats all food at mealtime
- Nibbles throughout day
- Goes for periods without eating
- Sometimes requires wet food to be mixed in to eat

Food Brand: _____

Flavor: _____

Where is it purchased? _____

PET 2

Name: _____

Breed: _____

Weight: _____

Age: _____

Check all that apply:

- Male
- Neutered
- Female
- Spayed

Has your pet had any health problems or medical conditions in the past? Examples: rash, hot-spots, chew on themselves, urinate blood, have seizures, etc.?

Explain: _____

Does your pet have allergies?

- Seasonal
- Food
- Skin
- Other

Does your pet have separation anxiety / destructive behaviors?

Explain: _____

Has your pet ever:

- Bitten You?
- Bitten Another Person?
- Bitten Another Pet?

Explain: _____

Has your pet ever climbed or jumped over a fence?

Explain: _____

Does your pet have:

- Toy Aggression
- Food Aggression

Explain: _____

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