

Veterinary Boarding & Grooming Intake Form

Please complete this form to provide your pet's care instructions, health and vaccination details, and consent for veterinary boarding and/or grooming services.

Owner Information

Tell us about yourself so we can contact you if needed.

Owner Full Name *

Phone Number *

Email Address *

Emergency Contact Name *

Emergency Contact Phone Number *

Pet Information

Details about your pet for their stay or grooming.

Pet Name *

Species (e.g., Dog, Cat) *

Breed

Age *

Sex *

Male

Female

Other

Is your pet spayed/neutered?

Yes

No

Color/Markings

Boarding/Grooming Service Type

Select the service(s) your pet will receive.

Service Type *

Boarding

Grooming

Daycare

Feeding Instructions

Let us know your pet's feeding schedule and dietary needs.

Feeding Type *

Dry Food

Wet Food

Raw Diet

Prescription Diet

Other

Feeding Schedule & Amount *

Special Feeding Instructions or Restrictions

Medications & Supplements

Does your pet require any medications or supplements during their stay?

Will your pet need medications or supplements? *

- Yes
- No

If yes, please list all medications/supplements and provide dosage and administration instructions.

Medical History & Health Concerns

Tell us about your pet's health, allergies, or medical conditions.

Medical Conditions, Allergies, or Recent Surgeries

Temperament & Behavior Screening

Help us provide the best care by sharing your pet's behavior traits.

Behavior Traits (check all that apply) *

- Friendly
- Shy/Timid
- Aggressive with People
- Aggressive with Other Animals
- Separation Anxiety
- Resource Guarding
- Excessive Barking/Meowing
- Escape Artist
- Other

If any behavioral concerns or special handling instructions, please describe.

Vaccination Status

Proof of current vaccinations is required for all pets.

Are your pet's vaccinations up to date? *

- Yes
- No
- Partially (some vaccines only)

Vaccines Provided (check all that apply)

- Rabies
- Distemper/Parvo (Dogs)

- Bordetella (Kennel Cough)
- FVRCP (Cats)
- Feline Leukemia
- Other

Belongings Brought With Pet

List any items you are leaving with your pet.

Belongings (check all that apply)

- Leash/Collar/Harness
- Carrier/Crate
- Bedding/Blanket
- Toys
- Food/Treats
- Medications/Supplements
- Other

If other belongings, please specify.

Grooming Instructions

Complete this section if your pet is scheduled for grooming.

Grooming Services Requested

- Bath Only
- Full Groom (Bath, Haircut, Nails)
- Nail Trim
- Ear Cleaning
- Anal Gland Expression
- Other

Grooming Preferences, Style, or Special Requests

Emergency Medical Authorization

Please review and authorize emergency care if needed.

In the event of a medical emergency, I authorize the facility to seek veterinary care for my pet and agree to be responsible for all related costs. *

I agree and authorize emergency care for my pet.

Liability & Risk Acknowledgments

Please review and acknowledge the following statements.

Acknowledgments (check all to proceed) *

- I understand that all reasonable precautions will be taken, but the facility is not liable for injury, illness, or loss.
- I acknowledge that my pet must be current on vaccinations to participate.
- I have disclosed all relevant medical and behavioral information about my pet.

Signature

Please sign below to confirm the information provided is accurate and that you accept the terms above.