

Initial Visit Registration

Your Name:	Date:
Pet's Name(s) and Breed:	
Do any of your pets have health concerns?:	
Are your pets on medication? (Condition and type:
What type of food do your pets eat at home	?
Are your pets allowed to have cookies while	boarding(milk bone type)?
Does your pet have any known allergies? _	
Have you seen fleas or ticks on your pet? _	
Are your pets on flea/tick prevention? (i.e.	frontline, pro-spot)
Have any of your pets bitten or snapped? _	
Do your pets show aggression to other anim	nals?
Have your pets been boarded before?	
Any problems while boarding or grooming?	
Do your pets typically eat less while you are	e away?
Is there anything special we should know al	bout your pet?
Signature:	Date: