



Boarding Intake - Pet Information

243 S. Elmwood Ave
Buffalo, NY 14201
716-852-1112



Pet's Name: _____ Owner Name: _____ Avi# _____

Contact # _____ Agent (Emergency Contact) Name/# _____

Breed: _____ Sex: _____ Age: _____ Color/Markings: _____

Drop-off Date _____ Time: _____ Pick up Date: _____ Time: _____

Food provided by Owner? YES NO Did your pet already eat today? YES NO
How much & how often should we feed? _____ Cups _____ Cans _____ Time(s) a day
Treats?

What is your Pet's temperament like? _____ Is he good with other animals? YES NO
Does he have any limitations or restrictions? YES NO List:
Are there any allergies? YES NO List:
Are there any Commands we should use? (go potty, Sit, stay) YES NO List:
When left alone, does your pet show any of the following behaviors? Bark Cry Urinate/Defecate
 Destroy household items None of these Other:
Are Toys or Blankets okay to be left in kennel with your pet? YES NO

Sibling: _____ Would you like them to share a kennel? YES NO Can they be fed together? YES NO
*see shared kennel waiver

Will you be leaving any belongings? YES NO List:

Any unlabeled items left with my pet will be marked with permanent marker to identify belongings

Other information or suggestions for us?

Medications – Supplements to be given during stay: Were any given today? _____
1. _____ at _____ AM _____ PM
2. _____ at _____ AM _____ PM
3. _____ at _____ AM _____ PM
4. _____ at _____ AM _____ PM

Additional Services Requested: *ask for pricing* Please Circle: Bath Nail trim Other* _____
Full grooming instructions: _____

For Medical / Veterinary Services including vaccinations please see Exam question sheet

Signed: _____ Date: _____ Attendant Initials: _____