

Pet Resort Questionnaire

ONLY SUBMIT IF YOUR PET HAS A CONFIRMED BOARDING RESERVATION. THANK YOU.

Client Name (first and last): _____ Contact Number: _____

Patient Name: _____

Arrival Date: _____ Approximate time: _____

Departure Date: _____ Approximate time: _____

Emergency Contact (first and last) : _____ Emergency Contact Number: _____

Okay to EMAIL with non-urgent updates? Yes or No

Playtimes:

15 mins Quantity and when? _____

5 mins, 3 times daily Quantity and when? _____

5 mins, 1 time daily Quantity and when? _____

Greenies: Yes or No Quantity and when? _____

Frosty Paws: Yes or No Quantity and when? _____

Declined Playtimes and extras: Yes or No

Complimentary treats Allowed? Yes or No

Complementary toys Allowed? Yes or No

Flea/Tick Control (brand name): _____ Date Given: _____

Heartworm Prevention (brand name): _____ Date Given: _____

Medications and Supplements (names, mg, ml, dosage): _____

Medication Instructions (how much, how often, times given): _____

Additional Procedures while boarding: _____

Bath Yes or No

Diet (brand name): _____ Feeding Instructions (amount and times fed): _____

AMC providing food: Yes or No

