

Indian Bridge Kennels Boarding/Daycare Intake Form
(please complete entire form)

Date: ____/____/____

Owner(s)/Guardian(s): _____

Mailing _____ Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Emergency Contact: _____ Phone : _____

Who else is authorized to pick up your dog? (Note: photo ID required for pickup.)

Name: _____ Phone: _____

Dog Information

Name: _____ Breed: _____ Age: _____ Sex: ☐ M ☐ F

Color/Markings: _____ Weight: _____ Housebroken? ☐ Yes ☐ No

Date of Birth: ____/____/____ Spayed/Neutered? ☐ Yes ☐ No

Health History – Past & Present: (please include medical problems, surgeries, and physical limitations if applicable).

Are there any health, medical, physical, or other restrictions that limit your dog's activity? ☐ Yes ☐ No

If yes, please describe: _____

Is your dog taking any medications (including dietary supplements)? ☐ Yes ☐ No

If yes, please list: _____

Does your dog have problems with bowel and/or bladder control? ☐ Yes ☐ No If yes, please describe.

Does your dog have any allergies, especially to food? ☐ Yes ☐ No If yes, please describe.

Does your dog have any sensitive areas on his/her body? ☐ Yes ☐ No If yes, please describe.

Has your dog been socialized with other dogs and people? ☐ **Yes** ☐ **No**

Does your dog like to play with other dogs? ☐ **Yes** ☐ **No**

If yes, what size/type dog does your dog normally play with? _____

Does your dog regularly play with other dogs? ☐ **Yes** ☐ **No**

If _____ yes,
where? _____

What do you consider your dog's play style/ what types of behavior does your dog exhibit when playing? Please check all that apply.

☐ **Rowdy** ☐ **High Energy** ☐ **Bully** ☐ **Humper** ☐ **Chaser** ☐ **Tackler**
☐ **Vocal** ☐ **Cooperative** ☐ **Wrestler** ☐ **Laid back** ☐ **Doesn't care** ☐ **Other**

If applicable, please provide details: _____

Does your dog prefer certain sexes of dogs? ☐ **Yes** ☐ **No** If yes, which sex? _____

Does your dog routinely fear or dislike any other type of dog (for example, big dogs)? ☐ **Yes** ☐ **No**

If yes, please explain: _____

How does your dog react to puppies? _____

Describe your dog's personality (for example, easy going, playful, dominant, needy, goofy, etc).

What is your dog's general reaction to other dogs? Please check all that apply.

☐ **Submissive/Shy** ☐ **Fearful** ☐ **Relaxed/Calm** ☐ **Dominant**
☐ **Nervous/Anxious** ☐ **Cautious** ☐ **Always friendly** ☐ **Friendly once familiar**
☐ **Hyper/Busy** ☐ **Playful** ☐ **Aggressive** ☐ **Unpredictable/Unruly**

Please provide additional information if applicable.

How does your dog react when meeting new dogs off leash?

What is your dog's reaction to other dogs when approached by a new dog while on leash?

Are there any specific types of people, dogs, animals, or situations your dog dislikes? ☐ **Yes** ☐ **No**

If yes, please describe: _____

Does your dog fear or dislike any of the following?

☐ **Men** ☐ **Women** ☐ **Children** ☐ **Hats**
☐ **Uniforms** ☐ **Shoes** ☐ **Canes** ☐ **Vacuum cleaners**
☐ **Walking sticks** ☐ **Cars/Trucks** ☐ **Bicycles** ☐ **Other**

Please provide additional information if applicable.

How does your dog react to strangers? Please check all that apply.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Submissive/Shy | <input type="checkbox"/> Fearful | <input type="checkbox"/> Relaxed/Calm | <input type="checkbox"/> Dominant |
| <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Cautious | <input type="checkbox"/> Always friendly | <input type="checkbox"/> Friendly once familiar |
| <input type="checkbox"/> Hyper/Busy | <input type="checkbox"/> Playful | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Unpredictable/Unruly |

Please provide additional information if applicable.

Does your dog have a strong prey drive? ☐ **Yes** ☐ **No**

If yes, explain behavior: _____

Does your dog mount other dogs? ☐ **Yes** ☐ **No**

Does your dog pee when excited and/or when submissive? ☐ **Yes** ☐ **No**

If yes, which? _____

Does your dog ever growl, glare, bare teeth, snap, lunge at, bark, get nervous, resist, bite, or act in any other in appropriate way or display any other inappropriate behavior toward people or dogs under any of the following situations? If yes, please check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> when eating | <input type="checkbox"/> when playing | <input type="checkbox"/> when chewing on a toy |
| <input type="checkbox"/> when bathed | <input type="checkbox"/> when people visit | <input type="checkbox"/> when approached while sleeping |
| <input type="checkbox"/> when touched | <input type="checkbox"/> when hugged | <input type="checkbox"/> when put in a crate |
| <input type="checkbox"/> during nail trimming | <input type="checkbox"/> when disciplined | <input type="checkbox"/> when grabbed by the collar |
| <input type="checkbox"/> meeting a new dog | <input type="checkbox"/> at a dog park | <input type="checkbox"/> other |

If yes to any of the above, please provide additional information. Is it people, other dogs, or both?

Has your dog ever bitten anyone? ☐ **Yes** ☐ **No**

If yes, please explain:

Has your dog ever been in a fight with another dog? ☐ **Yes** ☐ **No**

If yes, please describe:

Has your dog participated in any training classes or private obedience lessons? ☐ **Yes** ☐ **No**

If yes, please list:

Does your dog know his/her name? ☐ **Yes** ☐ **No**

Does your dog know any of the following verbal commands? Please check all that apply.

- | | | | | | | |
|--------------------------------------|--|---|---------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Sit | <input type="checkbox"/> Stay | <input type="checkbox"/> Down | <input type="checkbox"/> Stand | <input type="checkbox"/> Come | <input type="checkbox"/> No | <input type="checkbox"/> Heel |
| <input type="checkbox"/> Wait | <input type="checkbox"/> Leave it | <input type="checkbox"/> Drop it | <input type="checkbox"/> Fetch | <input type="checkbox"/> Stop | <input type="checkbox"/> Find it | <input type="checkbox"/> Other |

If other, please list: _____

How often does your dog obey commands? ☐ **Always** ☐ **Mostly** ☐ **Sometimes** ☐ **Never**

If sometimes or never, please explain:

Does your dog come when called? ☐ **Always** ☐ **Mostly** ☐ **Sometimes** ☐ **Never**

What toys (if any) does your dog like to play with? _____

How does your dog walk on a leash (for example, calm, by my side, pulls, needs a prong collar, etc)?

Is your dog an "escape artist", either by digging under, climbing up, or jumping fences? ☐ **Yes** ☐ **No**

If yes, please describe (include fence height if applicable): _____

Does your dog try to run away if he/she gets out? ☐ **Yes** ☐ **No**

Does your dog exhibit destructive behavior (scratching, chewing furniture, shoes, etc)? ☐ **Yes** ☐ **No**

If yes, please describe: _____

Does your dog have any inappropriate guarding tendencies (not letting other dogs/humans near) with:

- | | | |
|---|---|--|
| <input type="checkbox"/> food | <input type="checkbox"/> toys | <input type="checkbox"/> a bed |
| <input type="checkbox"/> furniture | <input type="checkbox"/> other dogs | <input type="checkbox"/> people (including you) |
| <input type="checkbox"/> dog poop | <input type="checkbox"/> spots in the home | <input type="checkbox"/> other _____ |

If yes to any, describe how your dog reacts.

Does your dog have any problems with inappropriate elimination or stool eating? ☐ **Yes** ☐ **No**

If yes, please describe: _____

Does your dog chase cars, people, or other dogs? ☐ **Yes** ☐ **No**

If yes, please describe: _____

Does your dog chase small animals such as squirrels, cats, rodents, etc? ☐ **Yes** ☐ **No**

If yes, please describe: _____

Does like to be petted? ☐ **Yes** ☐ **No** If yes, where? _____

Any areas your dog doesn't like to be touched ? ☐ **Yes** ☐ **No** If yes, where? _____

Does your dog have separation anxiety? ☐ **Yes** ☐ **No**

If yes, please describe your dog's behavior.

Is your dog crate trained? ☐ **Yes** ☐ **No**

Is your dog crate trained when you're not home? ☐ **Yes** ☐ **No**

If yes, how many hours on average? _____

Is your dog afraid of loud noises (such as thunderstorms)? ☐ **Yes** ☐ **No**

If yes, please describe your dog's reaction.

What happens if your dog is surprised? _____

What is your dog's normal activity level? ☐ **Low** ☐ **Average** ☐ **High** ☐ **Excessive**

Does your dog have any special needs or considerations? ☐ **Yes** ☐ **No**

If yes, please describe: _____

Has your dog ever been in a similar facility for daycare or boarding? ☐ **Yes** ☐ **No**

If yes, where? _____

What sort of play/games does your dog enjoy more?

☐ **Fetch/Retrieve** ☐ **Chase** ☐ **Tug-of-War** ☐ **Other**

If other, please list: _____

Feeding Instructions

Please give us **detailed** instructions on how to feed your dog, including how much per serving; what, if anything, is added to the meal; etc. (For daycare dogs – complete this section only if we will be serving your dog a meal during the day.)

When is your dog fed? Please check all that apply. ☐ **Morning** ☐ **Lunch** ☐ **Evening** ☐

Bedtime

What type of food do you feed (e.g. kibble, canned, etc)? _____

How much per serving? _____

Additives (such as water, yogurt, etc)? _____

Additional instructions for feeding (such as “mix well”, “add supplements to dinner”, etc):

If your dog boards with housemates, does he/she need to be separated for feeding? ☐ **Yes** ☐ **No**

If yes, please explain (e.g. food aggressive, will eat the other dog's food, etc):

If your dog isn't eating well, is it OK to add things like yogurt, chicken broth, wet food, etc to his/her food to entice them to eat? ☐ **Yes** ☐ **No**

Does your dog have a tendency to eat too fast? ☐ **Yes** ☐ **No**

When is your dog given treats/ Please check all that apply.

☐ **Morning** ☐ **Lunch** ☐ **Evening** ☐ **Bedtime** ☐ **Whenever** ☐ **Other**

If other, please tell us when: _____

What type of treats? _____

How much at one time? _____