

MILLSTONE KENNELS
A BOARDING FACILITY

Today's date: _____ E Mail: _____

Human name: _____

Street address: _____

City & State: _____ Zip: _____

Home telephone: _____ Work: _____

Cellular: _____

Alternate person to contact: _____

Alternate person's telephone: _____

Preferred veterinarian hospital: _____

Preferred doctor: _____ Telephone: _____

Dog's name: _____ Date of birth: _____

Breed: _____ Color(s): _____

[Please circle appropriate answer]

Female / spayed Male / neutered

Eating habits: how many times a day: _____ Amount: _____

Dry food only: yes / no - Mixed with: water / canned food

Fed canned food only: yes / no

Has this dog ever attempted or actually bitten anyone: yes / no

Is this dog aggressive towards other dogs: yes / no

Is this dog aggressive towards humans: yes / no

Is this dog: shy - jumper - escapist - fearful - timid

If fearful, of what: _____

Any medical problems we should be aware of, such as:

Blind - deaf - diabetic - seizure's - arthritic - dysplasia

Has dog had surgeries that may have altered the dog's look

or movement: _____

Does this dog tolerate being brushed: yes / no

Is this dog okay with ears being cleaned: yes / no

Is this dog okay with nails and feet being handled: yes / no

Does this dog tolerate being bathed: yes / no

If no to any of the above, explain: _____