



160 S 600 W LOGAN UT 84321

cachevalleypethotel.com 435.755.5776

Canine Guest Information Sheet

Owner's Name: _____ Date: _____
Address: _____ Phone(s): _____ (H/W/C)

(City, State, Zip) _____ (H/W/C)
E-mail: _____ (H/W/C)

Dog #1 Name: _____ Age: _____ Birthday: _____ Sex: M/F
Breed: _____ Weight: _____ Spayed/neutered: Y/N
Dog #2 Name: _____ Age: _____ Birthday: _____ Sex: M/F
Breed: _____ Weight: _____ Spayed/neutered: Y/N
Dog #3 Name: _____ Age: _____ Birthday: _____ Sex: M/F
Breed: _____ Weight: _____ Spayed/neutered: Y/N

Alternate contact: _____ Phone: _____

Medical:

Veterinarian: Dr. _____ at _____ (clinic) Phone: _____

Do we need to administer any medications or injections? Y N

If "yes" please complete the Medication Release Form.

Please list any allergies your pet has: _____

For Boarding:

If boarding more than one dog can they sleep together? Y N

If boarding more than one dog can they eat together? Y N

We feed in the morning and evening. Please indicate the quantity per meal: _____

We provide food at no charge but recommend you bring your own food to minimize the chance of digestive upset. Please describe container for any food brought: _____

Any special feeding instructions: _____

If your dog(s) don't eat for several meals in a row, we will add soft food to their diet to try to get them to eat. Please let us know if this is a problem.

General Questions About Your Dog(s)

Has your dog shown any aggression toward humans? Y N

Kids? Y N

Cats? Y N

Small animals? Y N

(continued on reverse/next page)

Other dogs?	Y	N
If yes, please explain: _____		
Does your dog get along with other animals in the house?	Y	N
If no, what are the circumstances? _____		
Does your dog have any hip, leg, joint or muscle problems?	Y	N
If so, please list: _____		
Does your dog have any restrictions to movement like running or climbing?	Y	N
If so, please list: _____		
Has your dog traveled out of the country in the last 2 weeks?	Y	N
If so, where? _____ Dates: _____		
Has your dog been diagnosed with Canine Influenza in the past 2 months?	Y	N
Has your dog been gagging or coughing today or the past week?	Y	N
Does your dog like to be brushed?	Y	N
Is your dog sensitive on any part of the body?	Y	N
If so, where? _____		
Is your dog crate trained?	Y	N
Does your dog jump or climb fences?	Y	N
If so, how tall of a fence can he get over? _____		
Does your dog dig under fences?	Y	N

Your Dog's Personality

Is your dog (circle one) scared shy timid medium inquisitive bold berserk energy
How is your dog with strangers? scared barks but stops doesn't stop jumps up
Is there any kind of people your dog prefers? men women loves everybody
What does your dog do when left at home? yard crate special room free run of house

Has your dog ever growled at someone?	Y	N
If so, what was the circumstance? _____		

Does your dog have problems with:		
House training?	Y	N
Barking?	Y	N
Snapping or barking when their food or toy is taken?	Y	N
Sharing his/her food with other animals in the house?	Y	N
Separation anxiety?	Y	N

What kinds of things does your dog like? (circle all that apply)
water toys balls digging in the sand playing Frisbee

We use water squirt bottles and "NO!" to stop undesirable behavior. Please let us know if this is a problem.

Is there any other information about your dog(s) that we should know? _____

How did you hear about the Cache Valley Pet Hotel and Day Camp? _____