



Cozy Quarters Pet Inn

New Boarder Form

Owner Information

Owner's Full Name: _____ Phone Number: (____) _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____

Pet Information

Pet Name: _____ Type of Pet: Dog Cat Other: _____
Pet Breed: _____ Pet Color: _____ Pet DOB: _____
Pet Sex: Male Female Spayed/Neutered Approx. Pet Weight: _____

- Has your pet ever exhibited aggressive behavior toward people or other animals? Yes No
- Has your pet ever bitten a person or other animal? Yes No
- Has your pet ever been boarded in the past? Yes No
- Has your pet ever been bitten, attacked, or abused? Yes No
- Is your pet a jumper or climber? Yes No
- Does your pet chew on beds/blankets/objects? Yes No
- Does your pet have any allergies? Yes No
- If YES to the above question, to what are they allergic?

Feeding Instructions

Name of Food: _____

How Much: _____

How Often: _____

- If your dog experiences digestion issues during their stay with us, do you give us consent to feed your pet hamburger and rice as a binder? Yes No
- Is your pet currently taking any medications? Yes No
- If YES to the above question, please list medications below.

Vaccination Information

Below, provide the expiration dates of your pet's most recent vaccinations.

Dogs

DHLP Vaccine Date: _____ Rabies Vaccine Date: _____ Bordetella Vaccine Date: _____

Cats

FVRCP Vaccine Date: _____ Rabies Vaccine Date: _____

Emergency Information

Veterinary Clinic: _____
Name of Facility Phone Number

Emergency Contact Name (*other than Owner*): _____
Full Name Phone Number

Other Person authorized to pick up Pet(s): _____
Full Name Phone Number