

Client intake form

Complete one form for each dog before check-in.

We are excited to welcome your dog to Lake Wylie Dog Boarding! Please fill out the following form with accurate and up-to-date information to ensure your pet receives the best care during their stay.

OWNER INFORMATION

Full name

Address

City, state, ZIP

Phone number

Alternate phone number

Email address

Emergency contact name

Relationship to owner

Emergency contact number

DOG INFORMATION

Dog's name

Breed

Age

Weight

Gender

☐ Male ☐ Female

Color / markings

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Veterinary and vaccination details

VETERINARIAN

Veterinarian clinic

Veterinarian's name

Clinic phone number

Clinic address

VACCINATIONS

Vaccinations must be up to date. Enter the vaccination dates and attach a copy of your dog's most recent vaccination records.

Rabies vaccination date

Distemper vaccination date

Bordetella (canine cough) date

Leptospirosis date

Parvovirus date

Canine influenza date (optional)

BEHAVIORAL INFORMATION

Does your dog have any behavioral concerns (e.g., aggression, food guarding, anxiety)?

☐ Yes ☐ No

If yes, please describe:

Has your dog ever bitten or shown aggression toward another dog or person?

☐ Yes ☐ No

If yes, please describe:

Can we give your dog Cheerios?

☐ Yes ☐ No

How does your dog react around other dogs?

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Health and care

BEHAVIOR AND CARE

Does your dog have any fears or phobias (e.g., thunderstorms, separation anxiety)?

☐ Yes ☐ No

If yes, please describe:

Is your dog currently on any medications?

☐ Yes ☐ No

If yes, provide detailed instructions, including dosage and timing:

Can we administer medication using treats (e.g., peanut butter, pill pockets)?

☐ Yes ☐ No

Does your dog have any allergies (food or environmental)?

☐ Yes ☐ No

If yes, please list:

Any special instructions to ensure your dog's comfort?

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Authorizations and signatures

EMERGENCY VETERINARY CARE AUTHORIZATION

In the event of a medical emergency, we will attempt to contact you or your emergency contact immediately. If we cannot reach you, do you authorize us to seek veterinary care for your dog?

Please select one:

☐ Yes ☐ No

In case of emergency, I authorize Lake Wylie Dog Boarding to take my pet to the veterinarian specified above or, if unavailable, to the nearest veterinary clinic.

Signature	Date

MEDIA CONSENT

We love sharing pictures of our furry guests on social media and our website. Do we have your permission to photograph and share pictures of your dog?

Please select one:

☐ Yes ☐ No

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have provided accurate and truthful information. I understand that Lake Wylie Dog Boarding will care for my dog to the best of their abilities, and I agree to the terms and conditions outlined in the boarding agreement.

Signature	Date