



# Little River Pet Resort Client/Pet Information Form

You will only have to complete this form once. Please bring the completed form with you to your pet's first check-in.

**GENERAL INFORMATION** Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Home telephone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

<b>PET INFORMATION</b>	<b>PET #1</b>	<b>PET #2</b>
Pet's name:		
Breed:		
Color/Markings:		
Approx. date of birth:		
Male/female:		
Spayed / Neutered	YES / NO	YES / NO
Weight:		

Veterinarian Clinic: \_\_\_\_\_  
 Veterinarian Name: \_\_\_\_\_  
 Veterinarian Phone: \_\_\_\_\_

How long have you had your pet(s)? \_\_\_\_\_  
 Is/are your pet(s) from an animal shelter? YES / NO

**LIKES / DISLIKES / SOCIALIZATION**

What is your pet's favorite toy or type of toy (e.g balls, stuffed toys, rubber chews, etc.)  
\_\_\_\_\_

Does your pet have any specific fears or dislikes? \_\_\_\_\_

What is the best way to comfort your pet if he/she gets nervous?  
\_\_\_\_\_  
\_\_\_\_\_

Has your pet ever bitten or shown aggression toward a person? (If "yes" please describe below)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Does your pet ever tend to be possessive of:

- Food Yes / No
- Toys Yes / No
- Rawhides Yes / No
- His/her bed Yes / No
- Other \_\_\_\_\_ Yes / No

How often is your pet around other dogs?

- A Has never been
- B Has been once or twice
- C Once or twice a month
- D At least once a week
- E Every day

How often does your pet go to a dog park or daycare?

- A Has never been
- B Has been once or twice
- C Once or twice a month
- D At least once a week
- E Every day

Which option below describes your pet?

- A Never around other dogs.
- B Usually ignores other dogs
- C Sometimes plays with other dogs
- D Loves to play with other dogs
- E Can be aggressive at times with dogs
- F Does not like other dogs

Does your pet particularly like or dislike any certain type of dog (size, color, breed, etc.)?

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## COMMUNICATING WITH YOUR PET

Our ability to communicate with your pet is important in making your pet comfortable and happy during their stay. If we are able to talk to your pet the way you do, he/she will feel more at ease.

What nicknames do you call your pet? \_\_\_\_\_

What words does your pet know (example, "sit," "lay down," "off," "come," "inside," "outside")

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When I want my pet to go outside, I say: \_\_\_\_\_

When I want my pet to come inside, I say: \_\_\_\_\_

When I want my pet to go to the bathroom, I say: \_\_\_\_\_

When I want to praise my pet, I say: \_\_\_\_\_

When I want my pet to stop what he/she is doing, I say: \_\_\_\_\_

When my pet is upset or nervous, I say: \_\_\_\_\_

## DAILY SCHEDULE AND FEEDING

What time is your pet's first trip outside each morning? \_\_\_\_\_

What time is your pet's last trip outside each night? \_\_\_\_\_



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What brand of food does your pet eat? \_\_\_\_\_

What is the base ingredient? (e.g. chicken, lamb, beef) \_\_\_\_\_

My pet eats \_\_\_\_\_ times per day.

In the morning, my pet eats (amount) \_\_\_\_\_

At noon, my pet eats (amount) \_\_\_\_\_

In the evening, my pet eats (amount) \_\_\_\_\_

Do you leave your pet's food down until they eat or pick it up after a certain amount of time?

## MEDICAL CONDITIONS AND MEDICATIONS

The following vaccinations are required to be current at least **one week prior to staying** at the resort. Resort staff can fill in this information when we receive documentation from your veterinarian (before or at check in).

Vaccination	Date administered	Date expires
Rabies	_____	_____
	_____	_____
DHLPP	_____	_____
	_____	_____
Bordetella	_____	_____
	_____	_____

Your pet must have a **negative stool sample / fecal test** in the 6 months prior to checking in.

	Date tested	Result (positive / negative)
Test 1	_____	_____
Test 2	_____	_____
Test 3	_____	_____

Please describe any medical conditions (ongoing or old, e.g. infections/scars/lumps/surgeries, etc.) in your pet's medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your pet take any medication on a regular basis? YES / NO

Medication	Dosage	Prescribed for
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Does your pet have any allergies? \_\_\_\_\_

Is your pet prone to (circle any that apply):

EAR INFECTIONS

EYE DRAINAGE

SENSITIVE PADS

STRESS-RELATED DIARRHEA

Is your pet excessively fearful of thunderstorms/fireworks? \_\_\_\_\_

If YES, should we give your pet Benedryl before a storm? \_\_\_\_\_

## AGREEMENT

I understand the policies, fees and practices of the Little River Pet Resort and have had the opportunity to ask questions about those policies. I agree to abide by those policies and pay for all services associated with my pet's stay prior to my pet's departure from the resort. I understand that there is a charge for the day of check-in but no charge for the day of check-out if my pet departs in the morning. I agree to honor posted business hours and understand that arriving off-hours to check-out or changing my pet's departure date or time without 24 hours notice can result in a fee equal to the cost of one day's boarding. To insure the health, safety, and comfort of my pet, the resort staff, and other guests, I have provided all information available to me regarding my pet's medical and vaccination history, biting history, daily schedule, and socialization history.

Owner signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

## EMERGENCY MEDICAL CARE

In the event of a medical emergency involving my pet, the resort should contact me at:

Phone: \_\_\_\_\_

If the resort cannot reach me, please contact (name) \_\_\_\_\_ at:

Phone: \_\_\_\_\_

This person is authorized to make medical decisions regarding my pet in my absence.

If a medical situation does not allow time for the resort to contact me or my emergency contact person, the Resort, at its sole discretion, may engage the services of a veterinarian or administer over-the-counter medicine or give other requisite attention to my pet, and the expense thereof shall be paid by me prior to my pet leaving the Resort.

Owner signature(s): \_\_\_\_\_

Date: \_\_\_\_\_