# ■ Jen's Friends – Pet Intake Form

## ■ Scheduling

Drop-Off Date & Time: _____

Pick-Up Date & Time: _____

## ■ Pet Information

Pet's Name: _____

Age: _____

Sleeping Location at Home: _____

Prior Boarding Experience (Y/N): _____

## ■ Owner Contact

Owner Name & Phone: _____

Vet Name & Contact: _____

## ■ Bathroom & Hygiene

*Potty Trained (Y/N): _____

*Diapers Required (Y/N): _____

*Potty Pads Required (Y/N): _____

Typical Bathroom Schedule: _____

*Marking/Bathroom Issues (Y/N): _____

## ■■ Feeding

Feeding Schedule: _____

Dietary Restrictions: _____

Allowed Puppy Treats (Y/N): _____

Ate Before Arrival (Y/N): _____

*Can Eat Near Other Dogs (Y/N): _____

## ■ Training & Behavior

Walking Schedule:

Training Level:

*Runs Off-Leash (Y/N):

*Escape Risk (Y/N):

*Used to Other Dogs (Y/N):

## ■■ Health & Safety

Vaccinations Up-To-Date (Y/N):

Microchipped (Y/N):

Current Pest Treatment (Y/N):

## ■ Special Notes

Special Notes:

Allowed on Furniture (Y/N):

■ *Starred items are important safety checks for our care team.*