

# Groomers Direct ♦ House Pet Hotel

555 Davis Road Albertville, AL 35951

[groomersdirect.com](http://groomersdirect.com) 256-738-7297

## Boarding Intake Form

Pet Name \_\_\_\_\_

Owner/Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Primary Contact # \_\_\_\_\_ Secondary Contact # \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Who is authorized to pick your animal up (ID required)?

\_\_\_\_\_

Drop of date: \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

Planned Pickup Date (if after 11 AM list next day dates: \_\_\_\_\_ of \_\_\_\_\_,

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please note that Drop off Day is counted as first day and boarding must be paid in full based on dates above at dropoff.

### Pet Information

Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Color/Markings \_\_\_\_\_ Weight \_\_\_\_\_ Housebroken? Y  N

Spayed/Neutered? YES  NO

Health History: (please include medical problems, surgeries, and physical limitations, allergies, and ailments if applicable)

\_\_\_\_\_

Vaccination History: \_\_\_\_\_

Are there any health, medical, physical, or other restrictions that limit your dog's activity?

YES  NO

If yes please describe \_\_\_\_\_

Type of heartworm preventative medication \_\_\_\_\_ Date last given: \_\_\_\_\_

Type of flea and tick control medication: \_\_\_\_\_  
Date last given: \_\_\_\_\_

Does your pet have any medications that need to be administered during their stay?

YES  NO  Name of Medication \_\_\_\_\_

If yes, what are the instructions for administering the medication?

\_\_\_\_\_

Is your animal microchipped? YES  NO  If yes, chip ID # \_\_\_\_\_

How would you describe your pet's personality? \_\_\_\_\_

Does your animal have any special needs or considerations? \_\_\_\_\_

\_\_\_\_\_

What type food does your pet eat? \_\_\_\_\_

Quantity of food to be given \_\_\_\_\_ Feeding Instructions \_\_\_\_\_

Does your pet: Bite  Jump  Climb

Pet's Veterinarian Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Insurance Information

Company \_\_\_\_\_ Policy# \_\_\_\_\_

Plan Coverage \_\_\_\_\_

*\*if covered under insurance provide an insurance claim form to Groomers Direct*

Emergency Contacts

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_