



Name.....
Breed.....
Colour..... Male / Female Desexed Yes / No
DOB.....

Date Of Last C5 vaccination..... (Must be shown proof)
Vet Details Clinic..... Vets Name.....
Address..... Phone.....
Flea Treatment > Name of Product..... Last Treated.....
Worming > Name of Product..... Last Treated.....
Heartworm > Name of Product..... Last Treated.....
Is your dog Microchipped Yes / No M/C Number.....
Is your dog on any medication Yes / No (Please provide ~Rates & Dosage)

Are there any side affects I should be aware of? .....
Has your dog ever had a reaction to medication? Yes / No If Yes please describe medication & reactio

Has your dog been to the vet in the last 12 months besides for an annual health check / vaccination? If so please de-
scribe.....

Does your dog have any allergies Yes / No (Please De-
tail) .....

What does your dog's diet consist of? .....

Does your dog have any special dietary requirements? .....

Please detail your dogs feeding routine & quantities

Morning Afternoon Evening

Does your dog sleep Inside / Outside. If inside, normal sleeping place .....

Please list any other details that ONSITE Pets may need to know about your dog.....

How does your dog interact with other dogs?.....

How often does your dog get to interact with other dogs? DAILY WEEKLY OTHER

Please provide details (e.g. walking, dog park, day care, dog training etc).....

Is/Does your dog display any of the following?

Hyper Yes / NO Shy Yes / No Fearful Yes / No Destructive Yes / No Stubborn Yes / No
Mounting Dogs/People Yes / No Separation Anxiety Yes / No Chase Things Yes / No Pushy Yes / No
Protective Yes / No Excessive Barking Yes / No Mouthing/Biting Yes / No Jump Fences Yes / No
Other.....



Does your dog display any concerning behaviour around other dogs, people or children? Yes / No.....

Has your dog ever been involved in a dog fight? Yes / No.....

Has your dog ever bitten anyone? Yes / No.....

Has your dog ever escaped from your home? Yes / No .....

Is your dog anxious, does it fret for its owner / home, or has separation related issues? Yes / No.....

Has your dog attended a boarding kennel, minding facility? Yes / No

What is the longest duration your dog has been away from you?.....

How often do you walk your dog? Daily 2-3 Times Weekly Weekly Other.....

How long is a typical exercise session for your dog? 20min 30min 40min 50min 1hr OTHER.....

Is your dog allowed of lead? Yes / No If Yes what is there recall like? .....

Does your dog enjoy going to the beach? Yes / No

Does your dog have any skin conditions? .....

Has your dog interacted/seen a cat? Yes / No If Yes how did they react?

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Please list any other details that may make your pooches stay more enjoyable

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**Owner's Confirmation:** I confirm that all details provided are true & correct. I understand if there are any changes to this information I will notify ONSITE Pet Care prior to my next stay.

Name.....Sign.....Date.....