



7045 Clarcona Ocoee Rd. Suite 101, Orlando FL 32818

**OWNER INFORMATION**

Name: \_\_\_\_\_

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

City / ST / Zip: \_\_\_\_\_

Phones . . . Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

**VETERINARIAN:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

How did you learn about HCO?  
If we were recommended, please tell us the person's name so we can say thank you.  
\_\_\_\_\_

If there is anything else we should know about your pet that isn't included in our questions, please tell us here: (Indicate which pet this applies to.)

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

Use another sheet of paper if needed.

**PET #1 - INFORMATION**

Name: \_\_\_\_\_

Dog  Cat  Other (indicate below)

SELECT:  Male  Female  Neutered  Spayed

Has pet been boarded before?  Yes  No

Is pet socialized?  Yes  No

Current on vaccinations?  Yes  No

Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

Existing medical/health conditions:

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

Allergies: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Restrictions: (SELECT ANY THAT APPLY)

- No jumping  No running  No hard play
- No contact w/other dogs (explain)

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

**FOOD**

Type & amount \_\_\_\_\_

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

Where to feed \_\_\_\_\_

Morning

Afternoon

Night



## BOARDING INTAKE QUESTIONNAIRE (Continued)

Complete this page if you are boarding more than 1 animal

### PET #2 - INFORMATION

Name: \_\_\_\_\_

Dog  Cat  Other (indicate below)

\_\_\_\_\_

SELECT:  Male  Female  Neutered  Spayed

Has pet been boarded before?  Yes  No

Is pet socialized?  Yes  No

Current on vaccinations?  Yes  No

Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

Existing medical/health conditions:

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

Allergies: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Restrictions: (CIRCLE ANY THAT APPLY)

No jumping No running No hard play

No contact w/other dogs (explain)

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

### FOOD

Type & amount \_\_\_\_\_

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

Where to feed \_\_\_\_\_

Morning

Afternoon

Night

### PET #3 - INFORMATION

Name: \_\_\_\_\_

Dog  Cat  Other (indicate below)

\_\_\_\_\_

SELECT:  Male  Female  Neutered  Spayed

Has pet been boarded before?  Yes  No

Is pet socialized?  Yes  No

Current on vaccinations?  Yes  No

Birthday: \_\_\_\_\_

Breed: \_\_\_\_\_

Weight: \_\_\_\_\_

Existing medical/health conditions:

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

Allergies: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Restrictions: (CIRCLE ANY THAT APPLY)

No jumping No running No hard play

No contact w/other dogs (explain)

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

### FOOD

Type & amount \_\_\_\_\_

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

Where to feed \_\_\_\_\_

Morning

Afternoon

Night