

## Pet Boarding Questionnaire

### PROPOSED DATES FOR BOARDING (inclusive)

**Start Date:** \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_\_\_ am/pm

**Collection Date:** \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_\_\_ am/pm

OR

**Pick Up Date:** \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_\_\_ am/pm

**Drop Off Date:** \_\_\_/\_\_\_/\_\_\_ **Time:** \_\_\_\_\_ am/pm

} (Additional cost to be agreed)

### CLIENT INFORMATION:

CLIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACT:

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

BEST CONTACT FOR UPDATES WHILE TRAVELING: \_\_\_\_\_

### VETERINARIAN:

WHICH ANIMAL HOSPITAL ARE YOU PRESENTLY TAKING YOUR PET(S) TO?

HOSPITAL NAME: \_\_\_\_\_

**PET:** (If more than one pet please complete separate sheet)

PET NAME: \_\_\_\_\_ PET TYPE: \_\_\_\_\_

PET BREED: \_\_\_\_\_ AGE: \_\_\_\_\_

NEUTERED/SPAYED: \_\_\_\_\_ y/n

SEX \_\_\_\_\_

LOCATION OF MEDICAL RECORDS: \_\_\_\_\_

ANY CURRENT HEALTH CONCERNS: \_\_\_\_\_

HAS YOUR PET BEEN BOARDED BEFORE: \_\_\_\_\_ LAST

KENNEL COUGH IMMUNISATION DATE \_\_\_\_\_





# Debbie Dolittle's



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**SOCIALIZATION TIME:**

PLAYTIME/FAVORITE TOY, ETC: \_\_\_\_\_ WALKS: \_\_\_\_\_y/n

IS YOUR DOG ALLOWED TO SWIM?  YES  NO

**DESCRIBE PETS PERSONALITY:**

- FRIENDLY **NOTES:** \_\_\_\_\_ NERVOUS
- \_\_\_\_\_
- TIMID \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

PLAYFUL \_\_\_\_\_  
AGGRESSIVE \_\_\_\_\_

**BOARDING SERVICES:**

**FEEDING INSTRUCTIONS:**

TYPE OF FOOD: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ TIMINGS: \_\_\_\_\_

DRY \_\_\_\_\_ WET \_\_\_\_\_

\_\_\_\_\_

TREATS \_\_\_\_\_

\_\_\_\_\_

**CLIENT IS RESPONSIBLE FOR BRINGING:**

- LEASH \_\_\_\_\_
- FOOD/TREATS \_\_\_\_\_
- BOWLS \_\_\_\_\_
- MEDICATION \_\_\_\_\_
- BED \_\_\_\_\_
- VACCINATIONS BOOK \_\_\_\_\_



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### SERVICE CONTRACT

All reasonable care will be given in watching your pet(s). However, due to the unpredictability of animals, we do not accept responsibility or liability for any mishaps of any extraordinary or usual nature which can include but not limited to: biting, furniture damage, medical illness, accidental death, etc. or any complications administering medications to the pet. Nor can we be liable for any injury, disappearance, or death for the pet described in this agreement and any 3<sup>rd</sup> party or otherwise..

I hereby authorize DEBBIE DOLITTLE'S to transport my pet(s) to my veterinarian in the event of an emergency in my absence. I understand that DEBBIE DOLITTLE'S is not liable for injuries incurred during transport. If you choose to decline please be aware DEBBIE DOOLITTLE'S is not liable for your pet.

ACCEPT  \_\_\_\_\_ *Initial*

I give permission to DEBBIE DOLITTLE'S to care for my pet(s). I understand payment is due in full **prior** to start of services. Drop off and pick up times must be arranged prior to booking. If pickup is not done by 10:00 a.m. daycare charge of 63 AED is assessed. If extended time is required I agree to pay for extension immediately upon my return. I understand my pet **must** be picked up by 5:00 p.m. to avoid next day charges. After 5:00 pm an extra charge on 10AED per hour will be added.

By signing below I agree to the terms stated and that my pet(s) have been vaccinated and are current.

I have reviewed this service contract and understand the contents of this form.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_

