BOARDING QUESTIONNAIRE

OWNER	«Title» «FirstName» «Surname» «Address1»,«Address2» «Address3» «State», «Postcode»	**PHONE** **FAX** **EMAIL**	«FirstPhoneNumber» «FaxNumber» «Email»
NAME	«PatientName»	**SEX**	«Sex» «DesexingType»
BREED	«Breed» «Species»	**COLOUR**	«Colour»
D.O.B.	«DateOfBirth» **AGE** «AgeNow»	**WEIGHT**	«Weight»

All «Species»s must be fully vaccinated.

1. When was your «Species» last wormed, and what product was used? (Must be valid for the duration of your Pets stay or provided upon check in at your cost)

2. When was your «Species» last treated for Fleas, and what product was used? (Must be valid for the duration of your Pets stay or provided upon check in at your cost)

3. When was your «Species» last treated for Ticks, and what product was used? (Must be valid for the duration of your Pets stay or provided upon check in at your cost)

4. Does your «Species» have any medical conditions? If yes please elaborate.

5. Does your «Species» require any medications? If yes please give name of medicine, and dose rate.

6. Does your «Species» have Storm phobia or any other phobias we should be aware of?

7. Has your «Species» ever been aggressive toward or bitten a person?

8. Is your «Species» aggressive around food?

9. What food does your «Species» normally eat? If your «Species» is being fussy, what are some specific foods that it will usually eat?

10. Is there anything else we should know about your «Species»?

Signature of Owner or Authorised Agent:

I signify that the information provided above is true and correct.

Signature: ……

Name: …….

Date: Thursday, 26 May, 2016