



countryroads
boarding kennel

3135 N Blacks Corners Rd
Imlay City
MI 48444
810-724-0703

Pet Profile

Name: _____ Family name: _____

Sex: _____ Neutered/Spayed: Yes No

Breed: _____

Vaccination Dates:

Rabies: _____ Distemper: _____

Bordetella: _____ Canine Influenza: _____

Behavior:

Does pet have aggressive tendencies: Yes No

Please detail: _____

Is pet happy to play with other pets: Yes No

Is pet afraid during thunderstorms: Yes No

Is pet an aggressive eater: Yes No

i.e. Will pet growl or snap if approached during feeding?

Medical:

Does pet have any medical conditions or allergies: Yes No

Please detail: _____

Does pet take medications: Yes No

Med 1: _____ Quantity: _____ Morning Noon Eve

Med 2: _____ Quantity: _____ Morning Noon Eve

Med 3: _____ Quantity: _____ Morning Noon Eve

Food/Feeding:

Food quantity (per meal): _____

Mealtimes: Morning Noon Eve

Special Instructions: _____

Permission for pet to have a treat before bedtime: Yes No



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