



HeartBeat-C Boarding

~ Home Away from Home~

HBC Boarding - Intake Sheet

Owners Name: _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Alt # _____

Do you use cell for text if yes may HBC Contact you through texting? YES _____ NO _____

How did you hear about HBC Boarding? _____

Emergency Contact (other than owner):

Name: _____ Phone# _____

Authorized Handlers- HBC Boarding will only release your pet to the following person(s) please list name and contact phone number.

All About your Pet

Name _____ Breed _____

Male___ Female___ Spayed/Neutered___ Microchip___

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Vaccinations

HBC requires the following vaccinations to be complaint with boarding standards: Please supply a copy of each of your pets Vaccine Records. It will be filed with your all documentation.

DOG

- DHPP
- Rabies
- Bordetella

CAT

- FVRCP
- Rabies
- Leukemia (If your cat ever does outside or has been outside, then it is required for boarding)

Have any of your pets been ill in the last 30 Day's: Yes_____ No_____

If yes please explain_____

Are your pets displaying any unusual symptoms such as coughing, sneezing or upset stomach?
Yes_____ No_____

Are there any restrictions that need to be placed on your pet's physical activities or movements?
Yes_____ No_____

If yes please explain

Has your pet ever attended daycare or been boarded? Yes_____ No_____

If yes how did they do during prior boarding? _____

Has your pet ever bitten a person or another animal? Yes_____ No_____

If yes please explain

Has your pet ever exhibited aggressive behavior? To include people, other animals, food or toys etc.
Yes_____ No_____

If yes please explain

Has your pet ever been bitten or attacked by another animal, or been abused?

Yes_____ No_____

If yes please explain

Does your pet do well around kids? (HBC will not allow kids have any contact with pet without your approval): Yes_____ No_____

Training History

Please detail all verbal and or hand commands that your pet knows for the following actions.

SIT_____

STAY_____

COME_____

LAY DOWN_____

OFF/ DOWN_____

BATHROOM_____

OTHER_____

Does your pet play with toys? Yes_____ No_____ If yes, favorite kind? _____

What are your pet's favorite games? _____

Does your pet have any specialty training (i.e., search & rescue, therapy, agility)?

Any other tricks or commands that you'd like to share with us?

Overnight Boarding Only:

~HBC leaves a radio always playing, so pets don't feel lonely especially at night~

Meal Amount & Frequency (i.e. 2Cup 2x per Day)?

Check if any of these may apply to your pet/s?

___ Eats all food at Mealtime

___ Nibbles throughout day

___ Goes for periods w/out eating

___ Mix palatable food to dry food

Does your pets have any allergies? Yes____ No____ If yes please explain

Does your pets have any Medications? If yes please explain below in detail:

Treats

Does your pet like treats? Yes____ No____

When and how would you like HBC to give your treats? Please be detailed
