



10441 Orange Drive, Davie, FL 33328
 Phone: (954) 473-0192 - Fax: (954) 476-0173
www.CamelotAnimalHospital.com

BOARDING PET PROFILE

This form must be redone after 30 days since the date of last boarding and be signed by the owner. Within 30 days, a signed sticker of "Agreement of No-Change" is acceptable.

Will you be providing food for your pet or will they eat ours? Own___ Kennel___

How much food and how often? _____

Which flea & tick preventative is your pet on and when was it last given? _____

(If they are not current, we can provide your pet with the required dose for their stay)

Dose needed? Yes___ No___

Has your pet ever growled/hissed/scratched at someone? Yes___ No___

If yes, what were the circumstances? _____

Has your pet ever bitten anyone? Yes___ No___

If yes, what were the circumstances? _____

Is your pet protective over food, toys and/or other objects? Yes___ No___

If yes, please explain _____

Any history of destructive chewing (beds, blankets, crate, etc.)? Yes___ No___

Has your pet shown signs of separation anxiety? Yes___ No___

Does your pet have any sensitive areas on his/her body? Yes___ No___

If yes, please explain _____

How does your pet react to having his/her nails clipped? _____

Is your pet afraid of thunderstorms or any specific item or noises? Yes___ No___

If yes, please explain _____

Is your pet aggressive towards other animals? Yes___ No___

If yes, please explain _____

Client signature: _____

Date: _____

Kennel Technician signature: _____