



Information Form

Pet Owner's Name(s): _____ Email: _____

Spouse/Relative than can also pickup: _____

Drop off Date and Time: _____ **Pick up Date and Time:** _____

Our drop off and pick up times are Monday – Sunday 7:00 AM – 10:00 AM and 4:00 PM - 6:00 PM. We can accommodate other times as needed by appointment only. **Please note if you pick up after 10 AM you will be charged the current day care rate.**

Phone #1: _____ Phone #2: _____

Address: _____ City / State / Zip: _____

Medical Information – Veterinarian's Name / Clinic: _____

Phone: _____ Address: _____

Emergency Contact (other than owners) Name: _____

Phone: _____ Email: _____ Relationship: _____

No Shots, No Docs, No Service! James Gang Canine Retreat will not board, provide daycare, or groom your pet without updated vaccination documentation. So, please provide vaccination documentation and medical records. In addition, please list the current expiration dates:

Pet 1 Rabies _____ DHLPP _____ Bordetella _____

(FVRCP for cats)

(Leukemia for cats)

Pet 2 Rabies _____ DHLPP _____ Bordetella _____

(FVRCP for cats)

(Leukemia for cats)

Pet 3 Rabies _____ DHLPP _____ Bordetella _____

(FVRCP for cats)

(Leukemia for cats)

Pet 1 Name: _____ Pet: Dog Cat Birthdate: _____

Breed(s): _____ Microchip: _____ Weight: _____ Color: _____

Sex: Male Female Spayed Neutered

May your pet be included in group play? Yes No

Would you like a bath before pickup? Yes No (0-25 lbs is \$15, 26-60 lbs is \$25, 61+ lbs is \$30)

Other Information: Is your pet displaying any unusual symptoms such as coughing, sneezing, or an upset stomach?

Yes No If yes, explain: _____

Has your pet ever bitten, attacked or shown aggressive behavior towards people or dogs?

Yes No If yes, explain: _____

Feeding: Client Provided Food Kennel Provided Food

Morning Quantity (in cups): _____ Afternoon Quantity (in cups): _____

May your pet be given treats? Yes No

Any Medication: _____ Quantity/Frequency: _____

Check any that apply to your pet:

- | | | |
|--|--|--|
| <input type="checkbox"/> Timid/Nervous | <input type="checkbox"/> Scared of Storms | <input type="checkbox"/> Loves to Cuddle |
| <input type="checkbox"/> Bites/Nips | <input type="checkbox"/> Excessive Digging | <input type="checkbox"/> Loves to Play Fetch |
| <input type="checkbox"/> Excessive Barking | | |

Please describe any behavioral problems, identify any dietary conditions, or any other important information we should know:

Pet 2 Name: _____ Pet: Dog Cat Birthdate: _____

Breed(s): _____ Microchip: _____ Weight: _____ Color: _____

Sex: Male Female Spayed Neutered

May your pet be included in group play? Yes No

Would you like a bath before pickup? Yes No (0-25 lbs is \$15, 26-60 lbs is \$25, 61+ lbs is \$30)

Other Information: Is your pet displaying any unusual symptoms such as coughing, sneezing, or an upset stomach?

Yes No If yes, explain: _____

Has your pet ever bitten, attacked or shown aggressive behavior towards people or dogs?

Yes No If yes, explain: _____

Feeding: Client Provided Food Kennel Provided Food

Morning Quantity (in cups): _____ Afternoon Quantity (in cups): _____

May your pet be given treats? Yes No

Any Medication: _____ Quantity/Frequency: _____

Check any that apply to your pet:

- | | | |
|--|--|--|
| <input type="checkbox"/> Timid/Nervous | <input type="checkbox"/> Scared of Storms | <input type="checkbox"/> Loves to Cuddle |
| <input type="checkbox"/> Bites/Nips | <input type="checkbox"/> Excessive Digging | <input type="checkbox"/> Loves to Play Fetch |
| <input type="checkbox"/> Excessive Barking | | |

Please describe any behavioral problems, identify any dietary conditions, or any other important information we should know:

Pet 3 Name: _____ Pet: Dog Cat Birthdate: _____

Breed(s): _____ Microchip: _____ Weight: _____ Color: _____

Sex: Male Female Spayed Neutered

May your pet be included in group play? Yes No

Would you like a bath before pickup? Yes No (0-25 lbs is \$15, 26-60 lbs is \$25, 61+ lbs is \$30)

Other Information: Is your pet displaying any unusual symptoms such as coughing, sneezing, or an upset stomach?

Yes No If yes, explain: _____

Has your pet ever bitten, attacked or shown aggressive behavior towards people or dogs?

Yes No If yes, explain: _____

Feeding: Client Provided Food Kennel Provided Food

Morning Quantity (in cups): _____ Afternoon Quantity (in cups): _____

May your pet be given treats? Yes No

Any Medication: _____ Quantity/Frequency: _____

Check any that apply to your pet:

- | | | |
|--|--|--|
| <input type="checkbox"/> Timid/Nervous | <input type="checkbox"/> Scared of Storms | <input type="checkbox"/> Loves to Cuddle |
| <input type="checkbox"/> Bites/Nips | <input type="checkbox"/> Excessive Digging | <input type="checkbox"/> Loves to Play Fetch |
| <input type="checkbox"/> Excessive Barking | | |

Please describe any behavioral problems, identify any dietary conditions, or any other important information we should know:
