

Ponderosa Pet Ranch

643 Whitehouse Fork Road

Swansboro, NC 28584

(252) 808 - 5029

Client Information:

Date: \_\_\_\_\_

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact(s):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Others authorized to pick-up my pet \_\_\_\_\_

Veterinary Clinic of Record \_\_\_\_\_

Pet's Veterinarian \_\_\_\_\_

Clinic Location \_\_\_\_\_ Phone \_\_\_\_\_

Pet Information

Pet's Name \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_

Sex \_\_\_\_\_ Spayed / Neutered \_\_\_\_\_

Approximate Weight \_\_\_\_\_ Birth Date \_\_\_\_\_

How long have you had your pet? \_\_\_\_\_

Medical Information

Date of last physical exam \_\_\_\_\_ DHLPPC

\_\_\_\_\_

Rabies Vaccination Date \_\_\_\_\_ Circle One: 1 year / 3 years

Bordetella \_\_\_\_\_ Last Fecal Exam \_\_\_\_\_ Canine Influenza \_\_\_\_\_

Heartworm Test \_\_\_\_\_ Heart Worm Prevention

\_\_\_\_\_

Does your pet have any injuries / health concerns that require special attention? YES / NO

If yes, please explain

\_\_\_\_\_

Does your dog have hip dysplasia? YES / NO

If yes, are there any restrictions on your dog's activities or movements? YES / NO

If yes, please explain

\_\_\_\_\_

Is your pet taking any medication? YES / NO

If yes, please specify medication(s) and the condition being treated

\_\_\_\_\_

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Medication(s) directions by Veterinarian

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Any additional medical care required, please list

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\* Please note that all medications and supplements need to be in their original packaging and the name of pet(s), name of medication, dosage, time. If not medications/supplements will not be given.

Behavioral Information:

Attributes:

- Fence Climber
- Digger
- Jumps
- Protective
- Mouthy
- Fear of Noise/ Thunder
- House Broken
- Paper Trained
- Afraid of Men
- Other \_\_\_\_\_

Personality:

- Outgoing
- Verbally Sensitive
- Timid
- Affectionate
- Pushy
- Aggressive
- Excitable
- Playful
- Independent

Behavior:

- Growls
- Snaps
- Shows Teeth
- Freezes
- Trembles
- Moves Away
- Barks
- \_\_\_ A little \_\_\_ A lot
- \_\_\_ A Perfect Angel

My Pet: (Circle)

- |                               |       |          |
|-------------------------------|-------|----------|
| Getting hugs:                 | Likes | Dislikes |
| Being brushed:                | Likes | Dislikes |
| Being around other dogs       | Likes | Dislikes |
| Being touched while sleeping: | Likes | Dislikes |
| Being touched on ears:        | Likes | Dislikes |
| Being touched on paws:        | Likes | Dislikes |
| Being touched on mouth:       | Likes | Dislikes |
| Being touched on tail:        | Likes | Dislikes |
| Having nails clipped:         | Likes | Dislikes |

Plays best with: Check all that apply \_\_\_ No Dogs \_\_\_ Big Dogs \_\_\_ Little Dogs

\_\_\_ Older Dogs \_\_\_ Puppies

Does your pet engage in any unusual or repetitive behaviors: Circle one: YES / NO

If yes, please explain

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Has your pet ever bitten a person? YES / NO If yes, please explain

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Has your dog ever bitten another dog? YES / NO If yes, please explain

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Additional information you should know about my pet:

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Feeding Schedule:

How much food is given during feedings? \_\_\_\_\_ cup(s)

How many times a day is your pet(s) being fed? \_\_\_\_\_

Does your pet usually finish all food given? YES / NO / SOMETIMES

Please list any special feeding requirements?

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Boarding History:

Have you ever boarded your pet(s) before? YES / NO

If Yes, please describe prior experience.

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If Yes, please describe eating and bathroom habits while being boarding in the past. (Include: appetite, if house broken, where there any inside accidents or unusual behavior)

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All information given is accurate to the best of my knowledge.

Pet Owner's Name: ( Print )

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( Sign )

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Ponderosa Staff: ( Print )

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( Sign )

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