

Ponderosa Pet Ranch

643 Whitehouse Fork Road

Swansboro, NC 28584

(252) 808 - 5029 : ponderosapetranch@yahoo.com

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

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

Medication(s) directions by Veterinarian

Any additional medical care required, please list

* 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

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

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

Additional information you should know about my pet:

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

What brand of food does your pet eat? _____

Please list any special feeding requirements?

Boarding History:

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

If Yes, please describe prior experience. _____

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)
