

ROCKIN M KENNELS

1 | About you & your dog

Help us get to know your dog and plan for a comfortable stay. Please answer fully; use "unknown" or "not applicable" when needed.

Dog's name: _____ Owner: _____

Owner name(s), phone number(s) and email:

Home address:

Dog's breed, age/date of birth, weight and time living with you:

Sex: _____ Spayed/neutered? _____ If intact, last/expected heat cycle:

Vaccination dates: Rabies _____ DHPP/DAPP _____ Bordetella _____

Please attach vaccination records. Are there any vaccination concerns or exemptions?

Has your dog boarded or attended daycare? Where, and how did they cope?

Any current medical conditions, pain, injuries, recent illness or special care needs?

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2 | People, other animals & safe handling

Honest details help us tailor care. Describe what your dog actually does, including situations you have not yet experienced.

Dog's name: _____ Owner: _____

How does your dog react to unfamiliar adults or children? What introductions work best?

Which people, animals or situations make your dog uncomfortable? Describe their response.

How does your dog behave around other dogs? Include size, sex or play-style preferences.

How does your dog react when a person or dog approaches food, chews, toys or resting spots?

Has your dog ever growled, snapped, lunged or bitten a person or animal? If yes, describe the context, when it happened, any injuries and what helps prevent another incident.

Are any body areas sensitive? How does your dog tolerate collars, leashes, lifting and handling?

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3 | Comfort, stress & daily routines

Tell us how to recognize stress early and what helps your dog feel secure.

Dog's name: _____ Owner: _____

What changes do you notice when your dog is worried or stressed? What triggers these signs?

What do you do to help? What works well, and what makes things worse?

How does your dog respond to thunder, fireworks, gunshots or other sudden noises?

What happens when your dog is home alone? Include barking, damage or escape attempts.

Is your dog comfortable in a crate or kennel? Describe their sleeping and settling routine.

Favorite activities, toys, rewards and comfort items? Any dislikes or things to avoid?

Usual exercise, potty schedule and cues? Any activity restrictions or escape risks?

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4 | Food, treats & medications

Provide exact instructions. If your dog takes multiple medications, attach an additional sheet for each one.

Dog's name: _____ Owner: _____

Food brand/formula, amount per meal (include units), feeding times and preparation:

What is your dog's usual appetite? What eating changes should we know about?

List allergies, food sensitivities, prohibited foods and approved treats/chews:

Medication/supplement name, purpose and strength/concentration (or write "none"):

Exact amount per dose, route/how given, frequency and specific administration times:

Must it be given with food, before a meal or between meals? Any special instructions?

Known side effects or problems giving this medication? What method works best?

Last dose before arrival (date/time) and next dose due:

Any other feeding or medication instructions? Attach current written directions if available.

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5 | Veterinary & emergency contacts

Choose an emergency contact familiar with your dog who will be nearby and reachable during the stay.

Dog's name: _____ Owner: _____

Primary veterinarian, hospital, phone number and location:

Preferred emergency veterinary hospital and phone number (if known):

Relevant medical records attached or available from:

Emergency contact 1: name, relationship, phone and availability:

Emergency contact 2: name, relationship, phone and availability:

Where will you be during the stay? Best way and times to reach you:

Who may pick up your dog? List full names and phone numbers:

Anything else that would help us care for your dog safely and comfortably?

Completed by: _____ Date: _____

Please notify us of changes before each stay. This questionnaire is not a veterinary treatment authorization.