

# Acres of Fun Inc. Pet Questionnaire

Please fill out one form per pet

The purpose of this questionnaire is to help us know a little more about your companion when he/she arrives, so that we can make their stay more enjoyable. Please take a few moments to fill out and print this form. Remember to bring this form with you (along with your pet's vaccination report) when you arrive. Thanks!

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

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

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

Breed: \_\_\_\_\_

Sex:      Neutered Male      Intact Male      Spayed Female      Intact Female

DOB \_\_\_\_\_ Color: \_\_\_\_\_

Veterinarian Name & Clinic: \_\_\_\_\_

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

From where did you obtain your pet? \_\_\_\_\_

Have you ever boarded your pet(s) before?      Yes      No

Does your pet suffer from any chronic illnesses (seizures, stress diarrhea, etc.)?      Yes      No

If yes, please explain:

\_\_\_\_\_

Has your pet ever growled at a person? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Has your pet ever snapped at a person? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Has your pet ever bitten a person? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

Is your pet aggressive?      Yes      No

Is your pet afraid of thunderstorms?      Yes      No

If yes, does she/he have medication (type and dosage)?

\_\_\_\_\_

Does your pet like to be petted, touched or brushed?      Yes      No

Does your pet have any sensitive areas on his/her body? i.e. ears, paws, belly?

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Has your pet ever jumped or climbed a fence? If yes, list type and height of fence.

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Does your pet have any behavioral problems that we should be aware of? (for example, doesn't like small pets, men, women, children, strangers, other pets; *doesn't like collar or a specific part of body touched*, etc.).

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How did you hear about Acres of Fun? (please check one)

**Referral:**      **Yelp**      **Google**      **Web**      **Veterinarian:**

Other (please specify): \_\_\_\_\_

Emergency contact: (if owner cannot be reached)

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

The following people are authorized to pick up owner's pet in their absence from Acres of Fun:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Thank you for taking the time to answer the above questions pertaining to your pet. If there is anything else you would like to tell us about your pet to help us better understand him or her, and make their stay with us all the more worthwhile, please let us know.

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Signature: \_\_\_\_\_

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