

Rising Moon Kennels

Pet Boarding Registration

Owner Name: _____

Were you referred to us by another client? _____

If No to above, How did you hear about us? _____

1st Pet's Name _____ Pets Weight _____

Breed _____ Color _____ Pet's Est. DOB _____

Sex (circle) MALE FEMALE Neutered/Spayed YES NO

Mealtime Schedule: Food Brand _____ Food Allergies? _____

Rabies Exp Date _____ Bordetella Exp Date _____ DHPP Exp Date _____

Specific Instruction (times per day/ measured amount): _____

Medication(s): _____

2nd Pet's Name _____ Pets Weight _____ Breed _____

_____ Color _____ Pet's Est. DOB _____

Sex (circle) MALE FEMALE Neutered/Spayed YES NO

Mealtime Schedule: Food Brand _____ Food Allergies? _____

Rabies Exp Date _____ Bordetella Exp Date _____ DHPP Exp Date _____

Specific Instruction (times per day/ measured amount): _____

Medication(s): _____

3rd Pet's Name _____ Pets Weight _____ Breed _____

_____ Color _____ Pet's Est. DOB _____

Sex (circle) MALE FEMALE Neutered/Spayed YES NO

Mealtime Schedule: Food Brand _____ Food Allergies? _____

Rabies Exp Date _____ Bordetella Exp Date _____ DHPP Exp Date _____

Specific Instruction (times per day/ measured amount): _____

Medication(s): _____

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Luggage: 2 toys limit for each pet and you must list your items upon drop off

If multiple pets, would you like your pets to be roomed together or separate? _____

Does your pet(s) have allergies? _____

Has your pet(s) ever bitten anyone? If so, why? _____

Does your pet(s) have any dog, people or food aggression? _____

Is your pet(s) afraid of thunderstorms? _____

Does your pet(s) have any special needs or pre-existing physical problems? _____

Does your pet(s) jump fences or try to dig out? _____

Is your pet(s) on any heartworm preventatives or flea/tick preventative? _____

Is your pet(s) crate trained? _____

If you have answered "yes" to any of the questions above, please give details and/or explanation:
