

Dublin SPCA Dog Health & Behaviour Pre-Boarding Questionnaire 2017

Name of Pet:	Date Form Completed:
Breed of Dog:	Name of Owner:
Male/Female?	Colour:
Have you ever boarded your pet before? Yes / No	Spayed/Neutered?
Date of Birth (If Known):	Age:
Would you like your pet to take part in a play date? <i>(Please note play dates only take place depending on the suitability off all dogs we have with us at the time)</i>	
Would you like your pets photo put on our Facebook page\Website? <i>(Please note photos are not a guarantee these are done within staff's free time. Our priority is to look after all pets in our care)</i>	

Health

Please list any current or past health problems or concerns you may have with your pet:
Is your pet on any medication? If so please list in detail the name of medications, dosage and instructions for care: <u>(Medication must be Vet Labelled or it will not be administrated during your pets stay)</u>
Please note any past health issues / injuries your pet had:
Name, Address & Number off the vet you use:
<i>As per our terms & conditions if your pet becomes ill in our care we will take them to our onsite veterinary hospital, which will be at your own charge. We will do our best to contact you first, but for the safety off all other pets in our care if we cannot get through to owners we will go ahead with the next vet appointment we can make.</i>

Food (Must be provided by Owners, please bag & label into daily portions. If food is forgotten, dry food can be purchased from our shop)

What type food do you feed your pet (dry\wet\brand):
How many times a day do you feed your pet and what times?
Amount of food per feed (<i>in grams</i>):
Did you bring any treats you would like us to give your pet?
Does your dog have any allergies or any food's he/she is NOT allowed too have?
If you have more than one pet within the same suite, would you like us to separate them at feeding time?

Behavior

Is there any place your dog does not like to touched or petted, ie ears, mouth, etc?																
Has your dog ever bitten or been aggressive to another dog, cat, animal or human? BE HONEST!																
How often do you walk your dog and for how long? ____ x Day _____ minutes/walk																
What is your pet's favorite toys:																
My Pet is: <table><tr><td><input type="checkbox"/> Good with other dogs</td><td><input type="checkbox"/> Not good with other dogs</td></tr><tr><td><input type="checkbox"/> Can be nippy</td><td><input type="checkbox"/> Likes to be left alone</td></tr><tr><td><input type="checkbox"/> Likes affection on his/her terms</td><td><input type="checkbox"/> Likes affection whenever it is given</td></tr><tr><td><input type="checkbox"/> Can destroy things by scratching\chewing</td><td><input type="checkbox"/> Does not like enclosed spaces</td></tr><tr><td><input type="checkbox"/> Likes to play with toys</td><td><input type="checkbox"/> Likes a bed to sleep in</td></tr><tr><td><input type="checkbox"/> Is afraid of loud noises</td><td><input type="checkbox"/> Likes to spend some time outside</td></tr><tr><td><input type="checkbox"/> Is a barker</td><td><input type="checkbox"/> Is unsure of strangers</td></tr><tr><td><input type="checkbox"/> Is a jumper and will jump out of a run/fence</td><td><input type="checkbox"/> Can attend playdates with other dogs</td></tr></table>	<input type="checkbox"/> Good with other dogs	<input type="checkbox"/> Not good with other dogs	<input type="checkbox"/> Can be nippy	<input type="checkbox"/> Likes to be left alone	<input type="checkbox"/> Likes affection on his/her terms	<input type="checkbox"/> Likes affection whenever it is given	<input type="checkbox"/> Can destroy things by scratching\chewing	<input type="checkbox"/> Does not like enclosed spaces	<input type="checkbox"/> Likes to play with toys	<input type="checkbox"/> Likes a bed to sleep in	<input type="checkbox"/> Is afraid of loud noises	<input type="checkbox"/> Likes to spend some time outside	<input type="checkbox"/> Is a barker	<input type="checkbox"/> Is unsure of strangers	<input type="checkbox"/> Is a jumper and will jump out of a run/fence	<input type="checkbox"/> Can attend playdates with other dogs
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Answer only if you have more than one dog staying:

My dogs will need to be homed separately: _____ Yes _____ No

What are the reasons for keeping them separate

My dogs will need to be fed separately: _____ Yes _____ No

Extra information you may want us too know:

Large empty rectangular box for providing extra information.