Riverside Inn Petcare

Dog Intake Form

Date Form Completed: _____

Please complete all sections as thoroughly as possible so we can provide your dog with safe, comfortable, and individualized care.

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1. OWNER / CLIENT INFORMATION

Primary Owner Name: _____

Street Address: _____

City, State, ZIP: _____

Primary Phone: _____

Alternate Phone: _____

Email Address: _____

Secondary Owner / Authorized Contact (if applicable):

Name: _____

Phone: _____

Relationship to Owner: _____

2. EMERGENCY CONTACT INFORMATION

Please provide someone other than yourself who can be reached if you are unavailable.

Emergency Contact Name: _____

Relationship: _____

Primary Phone: _____

Alternate Phone: _____

Is this person authorized to pick up your dog?

☐ Yes ☐ No

3. DOG IDENTIFICATION & DESCRIPTION

Dog's Name: _____

Call Name / Nickname: _____

Breed: _____

Age / Date of Birth: _____

Sex: ☐ Male ☐ Female

Spayed / Neutered: ☐ Yes ☐ No

Color / Markings: _____

Approximate Weight: _____

Microchipped: ☐ Yes ☐ No ☐ Unknown

Microchip Number (if applicable): _____

Collar / Identification Tag Description: _____

Distinguishing Features (scars, markings, etc.):

Recent Photograph on File: ☐ Yes ☐ No

4. VACCINATION & HEALTH RECORDS

Please provide a copy of your dog's current vaccination records or veterinary documentation.

Vaccination	Date Given	Expiration / Due Date
Rabies	_____	_____
DHPP / DAPP	_____	_____
Bordetella (Kennel Cough)	_____	_____
Canine Influenza	_____	_____
Leptospirosis	_____	_____
Other: _____	_____	_____

Rabies Verification (Required Record):

Rabies Vaccine Manufacturer: _____

Date Administered: _____

Expiration Date: _____

Veterinarian / Clinic: _____

Rabies Tag Number: _____

☐ Rabies certificate/documentation received

☐ Vaccination records received

☐ Documentation pending

☐ Records verified by staff

Date Verified: _____

Verified By: _____

5. MEDICAL HISTORY & EXISTING CONDITIONS

Does your dog currently have or have a history of any of the following?

☐ Allergies

☐ Skin conditions

☐ Ear infections

☐ Digestive issues

☐ Seizures

☐ Arthritis / Joint Problems

☐ Heart Condition

☐ Respiratory Condition

☐ Diabetes

☐ Vision or Hearing Impairment

☐ Mobility Issues

☐ Anxiety / Stress-Related Conditions

☐ Other: _____

☐ No known medical conditions

Please describe any existing or pre-existing medical problems:

_____

_____

Does your dog have any current injuries, illnesses, or physical limitations?

_____

Has your dog experienced coughing, vomiting, diarrhea, lethargy, or other signs of illness recently?

☐ No

☐ Yes – Please explain: _____

Date of Most Recent Veterinary Visit: _____

6. MEDICATIONS & SPECIAL MEDICAL INSTRUCTIONS

Does your dog currently take medication?

☐ No

☐ Yes

If yes, please complete the following for each medication:

Medication Name:
_____

Dosage:
_____

Frequency / Schedule:
_____

Administration Instructions:
_____

Medication Purpose:
_____

Medication Provided by Owner:

☐ Yes ☐ No

Medication Name:
_____

Dosage:
_____

Frequency / Schedule:
_____

Administration Instructions:
_____

Medication Purpose:
_____

Medication Provided by Owner:

☐ Yes ☐ No

Additional medication instructions:

Other Treatments or Medical Care Needed:

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7. VETERINARIAN INFORMATION

Preferred Veterinary Clinic: _____

Veterinarian Name: _____

Clinic Phone Number: _____

Clinic Address: _____

After-Hours Emergency Veterinary Preference (if applicable):

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8. FEEDING & DIETARY INFORMATION

Brand / Type of Food: _____

Food Description:

☐ Dry Kibble

☐ Wet / Canned Food

☐ Raw Diet

☐ Fresh / Refrigerated Food

☐ Prescription Diet

☐ Other: _____

Amount Fed Per Meal: _____

Feeding Schedule:

Meal	Feeding Time	Amount
Breakfast	_____	_____
Lunch	_____	_____
Dinner	_____	_____
Additional	_____	_____

Food Provided By:

☐ Owner ☐ Facility

Is your dog on a special diet?

☐ No

☐ Yes – Please explain: _____

Food Allergies / Dietary Restrictions:

Treats Allowed? ☐ Yes ☐ No

Approved Treats: _____

Treat Restrictions or Special Instructions:

Does your dog have food-related behaviors?

☐ Eats normally

☐ Eats very quickly

☐ Food protective / Resource guards

☐ Requires encouragement to eat

☐ Prefers to eat alone

☐ Other: _____

9. TEMPERAMENT & PERSONALITY

Help us get to know your dog!

How would you describe your dog's personality?

☐ Friendly / Outgoing

☐ Shy / Reserved

☐ Calm / Relaxed

☐ Energetic / Playful

☐ Independent

☐ Nervous / Anxious

☐ Protective

☐ Other: _____

How does your dog typically interact with unfamiliar people?

☐ Friendly

☐ Cautious at first

☐ Fearful / Nervous

☐ Does not like strangers

☐ Other: _____

How does your dog interact with other dogs?

☐ Friendly with all dogs

☐ Prefers dogs of similar size

☐ Prefers dogs of similar temperament

☐ Selective about other dogs

☐ Prefers individual play

☐ Does not do well with other dogs

☐ Unknown / Not previously socialized

Has your dog ever displayed any of the following behaviors?

☐ Growling

☐ Snapping

☐ Biting

☐ Resource Guarding (food, toys, people, beds, etc.)

☐ Excessive Barking

☐ Destructive Behavior

☐ Separation Anxiety

☐ Escape Attempts

☐ Fear of Loud Noises

☐ Leash Reactivity

☐ Jumping / Excessive Excitement

☐ None of the above

If any behaviors were selected, please provide details:

_____

_____

Has your dog ever bitten or injured a person or another animal?

☐ No

☐ Yes – Please explain circumstances:

_____

_____

What situations make your dog uncomfortable or fearful?

_____

_____

Are there any handling sensitivities we should know about (ears, paws, tail, face, etc.)?

_____

10. DAYCARE & PLAY PREFERENCES

Has your dog attended daycare or boarding before?

☐ Yes ☐ No

If yes, where / when and how did they respond?

_____

Has your dog previously participated in group play?

☐ Yes ☐ No ☐ Unsure

Preferred Activities:

☐ Playing with Other Dogs

☐ Playing with People

☐ Fetch

☐ Tug-of-War

☐ Running / Outdoor Play

☐ Swimming / Water Play

☐ Exploring / Sniffing

☐ Relaxing / Napping

☐ Individual Play

☐ Other: _____

Favorite Toys or Comfort Items:

_____

Does your dog have any known toy or object guarding tendencies?

☐ No ☐ Yes – Please explain: _____

Does your dog need scheduled rest periods or quiet time?

☐ No ☐ Yes – Preferred Schedule: _____

11. POTTY & HOUSEHOLD HABITS

Is your dog fully house-trained?

☐ Yes

☐ No

☐ Still in Training

How does your dog normally indicate they need to go outside?

How frequently does your dog typically need potty breaks?

Does your dog have accidents indoors?

☐ No ☐ Occasionally ☐ Frequently

Does your dog use a crate at home?

☐ Yes ☐ No ☐ Sometimes

Is your dog comfortable being crated?

☐ Yes ☐ No ☐ Unsure

Other potty, sleeping, or household habits we should know about:

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12. BOARDING & SPECIAL CARE INSTRUCTIONS

Requested Service:

☐ Daycare

☐ Overnight Boarding

☐ Other: _____

Requested Drop-Off Date: _____

Requested Drop-Off Time: _____

Expected Pick-Up Date: _____

Expected Pick-Up Time: _____

Special Boarding Instructions:

_____

_____

Does your dog have separation anxiety or difficulty being left alone?

☐ No ☐ Yes – Please explain: _____

Does your dog sleep with any special items?

☐ Blanket ☐ Bed ☐ Toy

☐ Other: _____

Items Provided With Dog:

☐ Food

☐ Treats

☐ Medication

☐ Leash

☐ Collar

☐ Bed / Blanket

☐ Toys

☐ Other:

_____

13. ADDITIONAL SERVICES

Please indicate any additional services requested:

☐ Nail Trim ($10)

☐ Bath ($15)

☐ Brush Out

☐ Ear Cleaning

☐ Other Grooming: _____

☐ Other: _____

Special Instructions for Additional Services:

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14. OWNER'S ADDITIONAL NOTES

Is there anything else we should know to help your dog feel comfortable, safe, and happy during their stay?

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15. CHECK-IN / CHECK-OUT RECORD

FOR STAFF USE ONLY

Date Received: _____

Time Received: _____

Staff Member Receiving Dog: _____

Dog's Condition Upon Arrival:

_____

_____

Food / Belongings Received:

_____

Medication Received:

_____

Additional Notes:

_____

Date Released: _____

Time Released: _____

Staff Member Releasing Dog: _____

Dog's Condition Upon Departure:

_____

_____

Items Returned: _____

Additional Notes:

_____

_____

16. CLIENT INFORMATION ACKNOWLEDGMENT

I have provided the information above to the best of my knowledge. I understand that it is important to notify the facility of any changes to my dog's health, medications, vaccination status, behavior, dietary requirements, or other care needs.

I understand that accurate and complete information helps the facility provide appropriate individualized care for my dog.

Owner / Client Printed Name: _____

Owner / Client Signature: _____

Date: _____

Staff Member Receiving Form: _____

Date Reviewed: _____

Riverside Inn Petcare

Thank you for trusting us with your dog’s care!