



Senior Pet Registration Form

115 9th Ave NE Perham, MN 56573 – 218-346-7487 – www.thebackyardperham.com – thebackyardboarding@gmail.com

Pet Info

Name: _____ Breed/Description: _____ Spayed/Neutered? Yes No

Color: _____ Approx. Weight: _____ Birthdate (if known): _____ Age: _____

Gender: Male Female

Where did you get your pet? Breeder Rescue/Shelter Found Other

How long have you had your pet? _____

Has your pet ever been boarded before? Yes No

If yes, how did your pet do?

What is your boarding start date? _____ End date? _____

What is most important to you about your pet's care? _____

Health History

Required vaccinations (a current vaccination record will be required from your vet):

- Rabies
- Bordetella (dogs only)
- DHPP (Distemper/Parvo combo) for dogs, distemper for cats
- Must also be flea/tick free, and be current on flea/tick preventatives

Check any health concerns your pet has experienced in the last 6 months:

Ear Infections Eye Infections Gastritis/Bloat Heartworm Tapeworms

Upper Respiratory Infection Heat Stroke Seizures Fleas/Ticks

Additional Health Concerns or Special Needs (check all that apply):

Heart Vision Loss Hearing Loss Skin Mobility Issues/Arthritis

Potty Issues (explain): _____

Surgeries (describe): _____

Regular Medications/Supplements (describe): _____

Does your pet have any known allergies (ex: food, cleaning products, grooming products)?

Does your pet have any other underlying medical conditions we should be aware of (ex: heart disease, diabetes, seizures, fatty tumors, cancer, etc.)?

In the event of a medical emergency that would require veterinary care, which vet clinic has the best records and knowledge of your pet?

In the unlikely event your pet passes away while in our care, what is the quickest way to contact you or another owner? _____

Behavior & Social Interactions

Describe your pets personality:

How would you describe your pets energy level?

Is/has your pet (check all that apply):

Climbed/jumped fences, if checked please explain:

Eaten foreign objects, if checked please explain:

Does your dog go to dog parks or other off leash environments? If yes, how often? _____

Has your pet ever nipped or bitten anyone? If checked, please explain: _____

Has your pet ever been dismissed from daycare/boarding? If checked, please explain:

Is there any person or environment that makes your pet uncomfortable? Yes No

If yes, explain: _____

DOG: Does your dog play well with dogs of all sizes and breeds? Yes No If no, please explain:

CAT: How does your cat interact with other cats?

My pet... Please check all those that apply:

Is shy/ nervous around new people or strangers Has separation anxiety

Is shy/nervous around other pets Plays rough Prefers to be left alone

Loves to chase/be chased by other pets Plays respectfully with other pets

Has your pet taken obedience classes or had any other training? Yes No If yes, please explain:

Diet

What brand and type of food does your pet eat? _____ Is it grain-free? Yes No

How much per meal? _____ How often? _____

Any specifics for your pet's feeding? _____

Has your pet experienced any recent coughing, sneezing, upset stomach, etc.? Yes No

If yes, please explain: _____

Senior pet can have their quirks and can be set in their ways / routines, is there any more information that will help us in caring for your pet? _____

Are you leaving anything with your pet for their stay? _____
