

# DOG BOARDING OF MYRTLE BEACH - NEW CUSTOMER FORM

Name of Owner(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

## PET INFORMATION:

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

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

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Markings: \_\_\_\_\_

Neutered Male | Intact Male | Spayed Female | Intact Female (please circle)

Size: XS S M L XL XXL (please circle)

## Temperament: (please circle all that apply)

Sweet Playful Timid Social Loner Lazy Bossy Submissive Assertive

Aggressive Anxious Happy Outgoing Possessive Laidback Fearful

## Interactions:

Friendly with people? Y / N / Not Sure

Friendly with other dogs? Y / N / Not Sure

Friendly with other dogs in group setting (play groups)? Y / N / Not Sure

Bite History (people or other dogs)? Y / N

If yes, how severe? Explain:

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**Medical:**

Any known medical conditions? Y / N

If yes, please explain: \_\_\_\_\_

Current on Flea/Tick Preventative? Y / N

Brand: \_\_\_\_\_

Any known allergies? Y / N

If yes, please explain:

\_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

How did you hear about us? \_\_\_\_\_