



North Florida Animal Rescue Inc.
16800 CR 137, Wellborn, FL 32094
boarding@northfloridaanimalrescue.org
386-963-1185

DAYCARE AND BOARDING APPLICATION

Pet Information

Dog's Name _____ Breed _____ M/F Age _____ Weight _____

Dates and Times requested _____

Do you administer monthly flea and tick preventative? Y / N Monthly heartworm preventative? Y / N

Does your dog have any food, chemical or other allergies? If so, please list: _____

Does your dog like children? Y / N / Unsure Strangers? Y / N / Unsure Puppies? Y / N / Unsure

Does your dog play with toys? Y / N If yes, what favorite toys? _____

Does your dog shred toys, pull out stuffing or destroy beds? Y / N

Has your dog had any formal obedience training? Y / N If so, when and where? _____

What else would you like to tell us about your dog? _____

Additional Information (to be completed with Evaluator)

1. How does your dog behave when interacting with other dogs? (i.e., at dog parks, with friends' dogs, or other daycares, etc.) _____
2. Has your dog ever growled or snapped at anyone for taking his/her food or toys away? Y / N
3. Has your dog ever shared food or toys with other animals? Y / N
4. Is your dog afraid of anything such as loud noises, thunderstorms, men? _____
5. Are there any other triggers we should know about? _____
6. Has your dog ever bitten or broken skin of any person or dog, or do they have a record with the city, county government or animal control of a vicious dog attack? Y / N if your dog has bitten, please explain: _____
7. Has your dog ever attacked a small animal? (i.e., bird, squirrel, cat, etc.) Y / N
8. Is your dog a rescue? Y / N Is there any background knowledge you can share with us? _____
9. Is your dog familiar with any commands? Y / N If so, which ones? _____



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CONTACT INFORMATION

It is important that you provide all of the information below so that we have the correct contact information on file. If any of the information below changes, please contact our office so that we may update our records.

Client Information - Primary Owner

First Name _____ Last Name _____
Address _____ City _____ State _____ ZIP _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email address _____

Which phone number is best to contact you during business hours? _____

Secondary Owner - Authorized to schedule service & make decisions regarding the care of your pet

First Name _____ Last Name _____
Home Phone _____ Work Phone _____ Cell Phone _____
Email address _____

Emergency Contact - In the event that the Primary or Secondary contacts are unreachable

First Name _____ Last Name _____
Home/Work/Cell _____

How did you hear about us? _____



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Emergency Contact Information

Your emergency contact should be someone local and someone that, in the event of emergency, has access to your home.

Emergency Contact Name _____

Home _____ Work _____ Cell _____

Vet Information and Release Form

Vet Clinic _____

Address _____ City _____ State _____ ZIP _____

Phone _____

I understand that in the event of an emergency, North Florida Animal Rescue will make every attempt to contact me. In the event that I cannot be reached, I authorize the following:

In the event of illness or injury, I authorize North Florida Animal Rescue to seek appropriate medical treatment for my pet. I understand that every effort will be made to take my pet to the Vet clinic specified on the emergency form if the situation permits. However North Florida Animal Rescue has the authority to seek treatment at any veterinary clinic.

Furthermore, I agree to reimburse North Florida Animal Rescue within 14 days of incident for veterinary fees and all related costs including transportation in any amount up to \$ _____ (please specify dollar amount per pet. Common amounts are \$200, \$1000 or unlimited.)

This release does not expire and will remain valid for all future North Florida Animal Rescue services.

Client Signature

Date

Printed Name