



KENNEL GUEST CHECK IN
Please use a separate form for each pet.

Owner's Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(s) – Home: _____ Cell: _____ Work/Other: _____

Email: _____

Guest's Name: _____ Breed/Breed Mix: _____

Sex (M/F): _____ Color: _____ Date of Birth: _____ Weight: _____

Neutered/Spayed? _____

Veterinarian: _____ Practice Name: _____ Veterinarian phone: _____

How did you find out about Tail Waggers of Litchfield? _____

Any known *allergies* i.e. shampoos, perfumes, types of food etc.? _____

Please list any *pre-existing medical conditions*: _____

Brand of pet food both dry and/or canned that you feed at home? _____

What kind of protein source (main ingredient in food), e.g., beef, chicken, lamb etc. _____

Do you raise the food or water levels (higher than the pet's chest level)? _____

How many times a day do you feed 2x or 1x? _____ If 1x, is that am/pm only? _____

How much dry food by measured cup **per serving**: _____

Daily total dry food by measured cup: _____

Do you mix the kibble with canned food or water, if so, how much? _____

Special Diet? _____ If so, please provide instructions: _____

Please indicate **long-term** medicines or supplements to be dispensed including name, what it's prescribed for, and the instructions:

Medication/Supplement:	Prescribed/Used for:	Dosage:	Administered by: please circle
			In food / in treat / manually / topical
			In food / in treat / manually / topical
			In food / in treat / manually / topical
			In food / in treat / manually / topical

Tell us about your pet, what should we know so that we may provide the best care to him/her?: _____

Has your pet been kenneled before? _____ Were there any behavioral/medical concerns that you were made aware of?

If yes, please explain: _____

Are there any food possession/toy possession issues?

___ YES, with other animals ___ YES, with humans ___ YES- with both animals & humans
___ NO

Information Verified:

Date	Client's Initials

MULTI PETS: Pets sharing the same run or residing at the same time:

When sharing a run, do they need to be supervised/separated during feeding? ___ YES ___ No

If in separate runs, can they play together during exercise ___ YES ___ NO

Date Filled Out: _____



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