

Chenal Pet Palace / AR Pet Resort  
Canine Information

Your Name \_\_\_\_\_

Spouse/Other \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Other # \_\_\_\_\_

Email \_\_\_\_\_

**Veterinarian Clinic** \_\_\_\_\_

Location \_\_\_\_\_ Phone # \_\_\_\_\_

Any other Responsible Party on Your Account \_\_\_\_\_ Phone # \_\_\_\_\_

This includes any person whom is authorized to pick-up and/or visit with your pets(s), and/or to make payments towards Chenal Pet Palace/AR Pet Resort.

Information about Your Canine Companion.

Please fill out individual information sheets for each pet staying with us.

**Pet's Name** \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_

Birthday/Age \_\_\_\_\_

Male or Female

Spay/Neuter?

Amount of Food Served at Feeding \_\_\_\_\_ cup(s) Please Circle: AM and/or PM or GRAZER

Instructions for Feeding \_\_\_\_\_

If more than one pet is staying in the same room, do they need to be separated to dine? Yes/No

Who is the more aggressive diner? \_\_\_\_\_

## Pet's Behavior

How well does your Pet interact with other Pets? \_\_\_\_\_

Has your Pet **bitten** or **shown aggression** towards another pet or human? \_\_\_\_\_ If yes, please explain circumstance and/or cause \_\_\_\_\_

Has your pet EVER JUMPED or CLIMBED a FENCE? Yes or No

If answered yes to this question, your pet will be leashed at all times. We are not responsible for your pet, if it jumps our 6 foot fence.  
Your pet can not board in a room with a dog door.

How or where did you get your dog? \_\_\_\_\_

If adopted, what do you know about your dog's past history? \_\_\_\_\_

Are there any other pets in your household? \_\_\_\_\_ If so, please list type, sex, and age \_\_\_\_\_

Who does your pet prefer to play with/hang around:

Women      Men      Children      Female Animals      Male Animals

Any other *kinds/types of people* your pet fears or mistrusts? \_\_\_\_\_

Any other *kinds/types of dogs* your pet fears or dislikes? \_\_\_\_\_

Does your Pet have Stranger Anxiety or Aggression? \_\_\_\_\_

Is your Pet possessive or aggressive towards feeding or toys \_\_\_\_\_

## Pet's Health

Any Medication(s)? \_\_\_\_\_ Time(s) of Day Given: **AM and/or PM**

Allergies? \_\_\_\_\_

How do you control Fleas and Ticks on your Pet \_\_\_\_\_

Any Joint or Hip problems? \_\_\_\_\_ Any Restrictions? \_\_\_\_\_

Any Sensitive Areas on his/her body? \_\_\_\_\_

Any other comments or concerns that we as your pet's caretaker should be aware of \_\_\_\_\_

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