

Pet Background & Medical History

Please complete this form for **EACH** of your pets. This information will remain on file.
It is your responsibility to update this information if anything changes in the future.

Human's First Name(s) _____ Human's Last Name(s) _____

Human's Best Phone # _____ Pet's Name _____

Pet Medical History

Does your pet have any Allergies? None Bee Stings Contact Food
(Check all that apply)

Please describe the Allergy: _____

How recently has your pet experienced any of the following?

| | Never | Over 1 Year Ago | Less Than 1 Year Ago | In the Last 30 Days | Currently Experiences |
|---|-------|--------------------|-------------------------|------------------------|--------------------------|
| Constipation | ___ | ___ | ___ | ___ | ___ |
| Coughing | ___ | ___ | ___ | ___ | ___ |
| Cysts / Lumps | ___ | ___ | ___ | ___ | ___ |
| Dehydration | ___ | ___ | ___ | ___ | ___ |
| Diarrhea | ___ | ___ | ___ | ___ | ___ |
| Ear Infection / Ear Mites | ___ | ___ | ___ | ___ | ___ |
| Excessive panting (<i>Hyperventilation</i>) | ___ | ___ | ___ | ___ | ___ |
| Fleas | ___ | ___ | ___ | ___ | ___ |
| Fractures / Sprains | ___ | ___ | ___ | ___ | ___ |
| Gum Disease | ___ | ___ | ___ | ___ | ___ |
| Heart Conditions (<i>Murmur, CHF, etc</i>) | ___ | ___ | ___ | ___ | ___ |
| Heatstroke | ___ | ___ | ___ | ___ | ___ |
| Hot Spots | ___ | ___ | ___ | ___ | ___ |
| Infected Wounds | ___ | ___ | ___ | ___ | ___ |
| Inflamed Eye / Eye Discharge / Scratches | ___ | ___ | ___ | ___ | ___ |
| Intestinal Parasites (<i>Roundworm, Hookworm, etc.</i>) | ___ | ___ | ___ | ___ | ___ |
| Lacerated pads | ___ | ___ | ___ | ___ | ___ |
| Seizures (<i>Shaking / Fainting</i>) | ___ | ___ | ___ | ___ | ___ |
| Skin Issues | ___ | ___ | ___ | ___ | ___ |
| Ticks | ___ | ___ | ___ | ___ | ___ |
| Vomiting | ___ | ___ | ___ | ___ | ___ |
| Other Medical Issues | ___ | ___ | ___ | ___ | ___ |

Please let us know about any other medical issues your pet experienced: _____

Pet Background Information

Please answer honestly. Our goal is to ensure the safety comfort and well being of our guests and staff.

Has your pet ever snapped at, bitten or injured people or other pets? Yes No

If "Yes" Please briefly describe the circumstances: _____

Has your pet ever stayed at a boarding or daycare facility before? Yes No

If "Yes" Please let us know the name of the other facility: _____

If "Yes" Please let us know if any problems were encountered there: _____

Yes No Due to the potential for transmission of contagious conditions, in the past 30 days, has your pet visited a Lake, Beach, Wooded Area, Dog Show, Dog Park, Pet Store, Vet, Boarding or Daycare Facility or attended a Training Class other than at Walkers?