

# Perfect 10 Boarding, LLC

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## General Dog & Owner Information (one dog per questionnaire)

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ DOB: \_\_\_\_\_

Nicknames pet responds to: \_\_\_\_\_ Spayed/Neutered: Y/N

Where did you obtain your pet from: \_\_\_\_\_ How long have you owned your pet: \_\_\_\_\_

Vet Clinic & Phone: \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone number(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number(s) \_\_\_\_\_

How did you hear about Perfect 10: \_\_\_\_\_

## Feeding, Medications & Health History

Food Brand \_\_\_\_\_ Amount fed at each meal \_\_\_\_\_

Other feeding instructions: \_\_\_\_\_

Food/Medication Allergies: \_\_\_\_\_

List Medications your pet will need, how often they should be given and how they should be administered:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Has this dog ever been diagnosed or treated for any of the following by a veterinarian? (Circle all that apply)

Heartworm disease    Lyme disease    Heart murmur    Tumors    Epilepsy/Seizures    Skin allergies

Thyroid disease    Arthritis    Irritable bowel    Hip Dysplasia    Separation anxiety    Cancer

Sensitive Stomach    Chronic eye/Ear Infections    Environmental Allergies

Other: \_\_\_\_\_

## Play Yard Questions

Would you like your dog to participate in:    Group Play    Private Play    None

Rate your dog's energy level (1 is low, 5 is high):    1    2    3    4    5

Does your dog have any activity restrictions and/or injuries we should be aware of? If so please explain:

How often is your dog socialized outside your home?    Often    Occasionally    Rarely    Never

Has your dog ever shown aggressive behavior towards other dogs or people? If so please explain.

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Behavior issues – triggers aggressive, fearful, out of control responses (circle all that apply, add others):

Being picked up	Collar grasped	Fireworks/Storms	Door bells	Leashing
Hats/uniforms	Loud noises	Men/Strangers	Vacuums/Shovels	Children
Dogs/Certain breed	Other: _____			

Fixations/Obsessions/Phobias (circle all that apply)

Balls/toys	Cats/squirrels	Digging	Feces/rocks (ingestion)	Food/treats
Insects	Reflections/shadows	Other: _____		

Can your dog jump a 6ft fence: Y/N

Please list any more information that you think we should know about your dog to provide the best care possible (fears, likes, dislikes). \_\_\_\_\_

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- **Please submit a new questionnaire if any of the above information changes.**
- **Pets are required to have updated rabies, distemper and bordetella records on file at Perfect 10 Boarding, LLC. Flea and tick guard is highly recommended. Please have records send PRIOR to check in.**
- **Be aware that your dog's stay at Perfect 10 Boarding, LLC is not without risk. Every effort will be made by our staff to provide a safe environment for your dog. Should your dog require medical attention, we will contact you immediately at the number above and transport your dog to a veterinarian.**
- **You are responsible for any damages or injury incurred during your dog's stay. Vet charges due to your dog or injury to another dog, caused by your dog, will be the responsibility of you and/or the owner of the dog.**

**I, the undersigned, agree to the above, accept full responsibility for the acts of my dog while at Perfect 10 Boarding, LLC and release them from any and all claims of liability.**

Signature \_\_\_\_\_ Date \_\_\_\_\_