



# Questionnaire

Enables me to provide the most comfortable experience for your four-legged child.

<b>Dog's Name:</b> <i>1 Questionnaire per Dog</i>			
Certifications:	CGC	TDI	Delta

**Owner's Name(s):** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Alt. Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Texting?** Yes No

**Dog Birthdate:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Color:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Sex:** M NM F SF

**Veterinarian's name and phone:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Alternate Contact (non-emergency) Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**How many adults in household?** \_\_\_\_\_ **Children?** \_\_\_\_\_

**Do you have other pets at home?** Yes No (If yes, list species, breed, name, age and sex)

**Your Dog gets along with:** *(circle items)* Your Pets Other Dogs Cats Other animals (specify)

**Your Dog's energy level:** *(circle items)* High Moderate Calm Lethargic Combination

**Is your Dog:** *(circle item)* Dominant Submissive

**What characteristics apply to your Dog:** *(circle items)* Playful Easy Going/Mellow Affectionate Hyper  
Obedient Well Behaved Friendly Jumps Up High Prey Drive Destructive Mischievous Separation Anxiety  
Talkative Protective Timid/Shy Aggressive Bolts Off Lead Escape Artist Marks

**Hours spent with your Dog:** \_\_\_\_\_ **Doing what?** \_\_\_\_\_

**Is your Dog accustomed to being alone during the day?** Yes No **If Yes, For how many hours?** \_\_\_\_\_

**Does your Dog:** *(circle items)* Jump the fence? Climb the fence? Dig under the fence? Stay in the yard?

**Your Dog:** *(circle items)* Is housebroken Is crate trained Uses dog door Is obedience trained Is a barker Is a chewer  
Walks Good on a leash (does NOT pull) Is a finicky eater

**Is your Dog good with:** *(circle items)* Infants? 1-3? 4-6? 7-9? 9-12? 13+

**Does your Dog favor:** *(circle items)* Men Women Children No Preference

**Is your Dog bothered by:** *(circle items)* Loud Noises Thunder Water Crowds

**Has your Dog ever bitten anyone?** Yes No (If yes, explain the circumstances.)

**Does your Dog have special needs,** such as: Socialization? Obedience? Allergies?

**Your Dogs Diet:** Food brand: \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Dry? With Water? Supplements: \_\_\_\_\_

**Feed Times:** A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

**Is your Dog microchipped?** Yes No If yes, which database? \_\_\_\_\_ Number? \_\_\_\_\_

Potty Times: A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Where?—i.e., grass, woods, concrete \_\_\_\_\_

How does dog let you know it has to potty? \_\_\_\_\_

List any Health Problems in Detail:

List Medications in detail, when and how they should be administered and where they can be refilled (if required):

Personality Traits (likes/dislikes):

Is your Dog allowed on the furniture at home? Yes No

Where does your Dog sleep?: (circle item) In their Crate In your Bedroom On your Bed OTHER \_\_\_\_\_

**THE FOLLOWING SERVICES MUST BE PROVIDED BY A LICENSED VETERINARIAN AND VERIFIED BY A CLINIC ISSUED RECEIPT:**

1. FECAL TEST; HOOK, ROUND, WHIP or TAPE WORMS – for meet-n-greet & within 3 months of each boarding visit
2. HEARTWORM – MUST BE NEGATIVE OR ON PREVENTATIVE MEDS
3. RABIES – MUST BE CURRENT
4. BORDATELLO – MUST BE CURRENT WITHIN 6 MOS IF HIGH EXPOSURE TO OTHER DOGS OR 1 YEAR
5. BOOSTER (DHLPP/PARVO) – MUST BE CURRENT WITHIN 1 YEAR
6. FLEAS – MUST BE TREATED WITH FRONTLINE PLUS (or comparable product – collars, sprays, powders or off-brand products are not accepted)
7. NAILS MUST BE TRIMMED & FILED

Do you have copies of your Dogs health records? Yes No

May I use photos of your dog while at my home for marketing purposes—i.e., website, brochure, etc.? Yes No

How did you hear about Cleveland Dog Boarding? \_\_\_\_\_

I declare that I am the legal and sole owner and that my pet is current on the required vaccinations and currently on flea prevention.

Owner Signature

Date

<b>Checklist of Items to bring:</b> (we will review this upon drop-off)	
Toys (2 maximum)	Blanket/ Bedding
Food (portioned in Ziploc baggies) pls mark the dog's name on each	Medication
Treats	Clicker
Potty Bell	
Vet Records: Fecal (3 mo), Rabies (1/3 yr), DHLPP (1 yr), Bordetella (6 mo)	
Frontline (minimum 2 days prior application – require receipt)	

<b>Commands/Vocabulary:</b>			
MINE	YOURS	MINE	YOURS
Sit		Stay	
Down		Come	
Speak		Heal	
Quickly		Slow	
Leave It		Drop It	
No		Stop	
Go Potty		Hurry Up	



# CLIENT TAKE-HOME SHEET

Dog's Name: *1 Sheet per Dog*

I look forward to taking care of your dog(s) as I do mine and he/she will be treated as part of our family while staying in my home.

You can check the website, [www.ClevelandDogBoarding.NET](http://www.ClevelandDogBoarding.NET) for photos that are uploaded during your dog's visit.

Checklist of Items to bring:
<input type="checkbox"/> Toys (1 maximum)
<input type="checkbox"/> Food (in portioned ziploc baggies w/name marked on each bag/can) - Please provide 2 <u>extra</u> feedings in case your return is delayed due to unexpected circumstances.
<input type="checkbox"/> Medication (if solid form, please put in portioned food baggies - and mark AM/PM, if applicable)
<input type="checkbox"/> Blanket/Bedding
<input type="checkbox"/> Potty Bell
<input type="checkbox"/> Treats
<input type="checkbox"/> Clicker
<input type="checkbox"/> Vet Records (copy that I can retain for my files)
<input type="checkbox"/> Flea Prevention - (application must be given minimum 2 days prior) proof of purchase required
<input type="checkbox"/> Belly Band and pads (if your dog marks)
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Your dog(s) must be recently bathed and nails trimmed/filed.

**KINDLY BRING THIS CHECKLIST WITH YOU AT DROP OFF TO ENSURE YOUR DOG HAS ALL THEIR ESSENTIALS.**



*Thank you very much.*



# Cleveland Dog Boarding Agreement and Release

Dog's Name: *1 Agreement per Dog*

I, \_\_\_\_\_, understand and agree that my representation that my dog(s) have not harmed, shown aggression or displayed threatening behavior towards any person or other dog, and are in good health, with no communicable diseases.

I certify that my dog is not a "dangerous dog" or "vicious animal" as defined by Section 955.11 of the Ohio Revised Code.

I also understand that I am solely responsible for any harm or damage that may occur caused by my dog(s) and will take full financial responsibility while my dog(s) is provided in-home boarding.

I also understand and agree that Gina Destro, and anyone at her home are not liable for any problems that develop arising from my dog(s) presence.

I also understand that problems that may occur with my dog(s) will be dealt with in the best possible way at the discretion of Gina Destro. In my absence, I authorize Gina Destro to make all decisions regarding the medical treatment of my dog(s). Should a medical emergency arise, I authorize the maximum payment of \$\_\_\_\_\_ for the treatment of my dog(s). The following credit card should be utilized for all medical care necessary to maintain a quality life for my dog(s). *Note: Charges may be reflected as K-9 Kingdom on your bill if cash is required for treatment in lieu of you not being reachable.*

Type: MC Visa Care Credit Name as it appears on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I also understand that a copy of my dog(s) most recent vaccination records have been provided and such records must have veterinarian certification prior to in-home boarding. Flea Prevention is also a requirement and must be current.

Gina Destro reserves the right to deny and/or refuse current or future boarding to any dog(s).

I understand that my dog's behavior and that of other dogs present while at in-home boarding may be unpredictable. I hereby assume any and all risks involved in myself and my dog's presence while in the care of Gina Destro.

I further release and agree to defend, indemnify and otherwise hold harmless Gina Destro, or any person(s) at her home, successors, heirs, executors, administrators and all other persons, corporations, firms, associations or partnerships from any and all claims arising out of my dog's conduct or any damages or injuries caused or sustained by my dog or myself.

Due to the very limited number of dogs booked at one time, reservations must be guaranteed with a 50% deposit at the time of booking. Deposits are non-refundable, but can be used for a future booking provided cancellations are made no later than 14 days prior to arrival and 21 days for peak dates such as holidays and spring break.

This Agreement and Release shall apply indefinitely and during the course of each and every stay I and/or my dog(s) make to Gina Destro's home.

I understand that modifications to this Agreement and Release may be revised from time to time. I understand that, while I am under no obligation to do so, my refusal to sign a revised Agreement and Release will result in Gina Destro's refusal to accept my dog(s) in the future.

I have read and understand this Agreement and Release and agree to abide by all rules, regulations, conditions, and statements of this agreement.

\_\_\_\_\_  
Signature of Dog(s) Owner

\_\_\_\_\_  
Date