



# Pre-Screening Application

<b>PET NAME:</b>	<b>BREED:</b>	<b>GENDER:</b>
<b>AGE:</b>	<b>DESTINATION OF TRAVEL:</b>	
<b>WEIGHT:</b>	<b>ALTERED:</b>	<b>LAST HEAT:</b>

<b>Veterinarians Name:</b>	<b>Phone Number:</b>
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<b>Check In Date:</b>	<b>Drop off Time:</b>
<b>Check Out Date:</b>	<b>Pick Up Time</b>
<b>Do you require transportation?</b>	

<b>Pet Owner Name/s:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone Number:</b>	<b>EMAIL ADDRESS:</b>	
<b>Names/Numbers of 2 Emergency contacts that are authorized to pick up your pet/pets.</b>		
<b>1. NAME</b>	<b>NUMBER:</b>	
<b>2. NAME:</b>	<b>NUMBER:</b>	

## VACCINATIONS

### CANINE

- Current Bordetella Vaccination, Kennel Cough (within the past 6 months)
- Current DHLPP Vaccination - Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Negative Heartworm
- Negative fecal test (GIARDIA, OVA, and PARASITES) within 90 days of check-in **FELINE**
- Current FVRCP (Feline Viral Rhinotracheitis, Calicivirus, and Panleukopenia)
- Current Rabies and Bordetella (If an outdoor feline)
- Current Feline Leukemia (If an outdoor feline)

**We must receive your pet/pet's vaccination records at the time of booking if possible. We will call to remind you to obtain these records from your veterinarian as your check-in date approaches. You must treat your pet/pets for fleas and ticks at least 5 days prior to arrival. If upon check in, if your pet is found to have fleas or ticks, we will treat your pet/pets based on the current market rate of the treatment methods and medicines we utilize.**

<b>How long have you owned your pet/pets:</b>	<b>Have they ever boarded?</b>
<b>If they have been boarded, did your pet encounter any difficulties? Is your pet social with other dogs/cats?</b>	
<b>Has your pet ever bitten a person or animal, displayed aggression, attempted to escape, dig, or bark excessively? If yes, please describe.</b>	
<b>Does your pet require medication?</b>	<b>If so, please indicate the type and usual daily schedule:</b>
<b>Does your pet have any food allergies? If so, please indicate:</b>	
<b>Is your pet fully potty trained or does your older pet have urinary or fecal incontinence? If yes, please explain.</b>	
<b>Additional Comments or Concerns?</b>	
<b>How did you hear about us?</b>	

**To avoid tummy troubles, we require that you bring your pets current food on check-in day. Please bring extra food in case of spillage or excessive hunger. Also, attach to your pet's food container the brand, flavor, daily mealtimes and quantities. We will provide treats!**

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*To the best of my knowledge, all the information provided herein is true and correct. I understand that the rates are based on the individual needs of my pet based on the information provided herein.*

OWNER

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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Please fill, sign and scan to [denisewoods5052@gmail.com](mailto:denisewoods5052@gmail.com) or text to 503.913.5052. Once reviewed, we will call you will your rate, have you sign the boarding and pay the \$75.00 deposit.

Thank you!