

IN HOUSE QUESTIONNAIRE

PET'S NAME: _____

DATE: _____

1. Is your pet Spayed or Neutered YES NO

2. Any Food/Season Allergies YES NO

If food allergy, what types of foods: _____

3. Is your pet Temperature Sensitive YES NO

Will your pet become physically ill if he or she is outside longer than 15 mins.?

Which temperature causes the issue? HEAT COLD

4. Can he or she play in our big pools (only medium to large breeds) YES NO

5. Can your pet play with other guests YES NO

6. Guest are fed in their rooms. For feeding **multiple family members**: Circle one

TOGETHER (separate or same bowl in their room)

STAND BETWEEN (kennel staff stands between them while they eat)

SEPARATE (feed in different areas)

7. Will your pet chew up the bed in the room, does the bed need to be removed? YES NO

8. Is your pet scarred of any noises that may cause a seizure or need medication? YES NO

THUNDER VACUUMS LOUD NOISES

9. Any medical condition that would alter behavior or play time YES NO

If so what conditions & limitations? _____

10. Does your pet suffer from separation anxiety? YES NO

REDNESS OF THE EYES

VOMITING

DIARRHEA

BLOATING

11. If your pet experiences vomiting or diarrhea would you like us to administer

Pepto for the first 24 hrs?

YES NO

I understand that the information I have given is accurate and complete. In the event something changes I will inform FPU of these changes so they can be made to this form.

Signature of Owner: _____

Date: _____