



## Boarding Application

(any questions please call 624-5164)

**Instructions:** If you have more than one dog, each dog will need a separate form. You do not, however, need to repeat the information about yourself.

### Tell Us About Yourself

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

\_\_\_\_\_

Who else is authorized to drop off or pick up your dog(s)?

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Tell Us About Your Dog

Name \_\_\_\_\_ Breed \_\_\_\_\_

Age \_\_\_\_\_ Male or Female \_\_\_\_\_

Is your dog spayed or neutered? Yes No

Weight \_\_\_\_\_ Color \_\_\_\_\_

Special markings \_\_\_\_\_

Microchip number \_\_\_\_\_

Does your dog get along with other dogs? \_\_\_\_\_

People? \_\_\_\_\_

What stresses your dog out?

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Has your dog ever bitten or been bitten? \_\_\_\_\_

If yes, please describe the circumstances

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Has your dog used any daycare/boarding facility before? Yes No

## Tell Us About Your Pet's Health

Veterinarian \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Please describe your dog's general health, including any medical conditions such as arthritis, bloat, or conditions affecting their heart or kidneys.

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Allergies (if any) \_\_\_\_\_

*When you bring your dog to board, we will ask about current medications and when/how they should be administered. Please bring medication in its original container.*

Is there anything your dog shouldn't have (i.e. rawhide, treats)?

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What flea & tick prevention treatment is used? \_\_\_\_\_

Is treatment year-'round or spring-fall? \_\_\_\_\_

*(Treatment is required prior to staying at the Palace, even during winter months.)*

Your dog must be up-to-date on the following vaccinations: bordatella (kennel cough), distemper/parvo, and rabies. Please attach to this application a current vaccination record from your vet.

## Tell Us About Your Dog's Daily Routine

Wake-up time \_\_\_\_\_

What brand, type and amount of food does your dog eat? \_\_\_\_\_

\_\_\_\_\_

Feeding schedule and special feeding instructions (i.e. is he a social eater, does he need a "slow feed" bowl?)

\_\_\_\_\_

\_\_\_\_\_

Where does your dog spend its day? and how much time there?

(check all that apply)

In the house \_\_\_\_\_

In the yard \_\_\_\_\_

In its kennel/crate \_\_\_\_\_

At your worksite \_\_\_\_\_

On walks \_\_\_\_\_

At the dog park \_\_\_\_\_

Other \_\_\_\_\_

Where does your dog like to escape to? \_\_\_\_\_

Typical elimination times \_\_\_\_\_

Bed time \_\_\_\_\_

What does your dog lie on at home? \_\_\_\_\_

Favorite activities \_\_\_\_\_

\_\_\_\_\_

## Agreement

I certify that I am the owner or agent of the owner of the aforementioned dog, and that I am authorized to board the dog and sign this form. I authorize the Pooch Palace to contact my veterinarian in order to confirm health, temperament and vaccinations. I give consent to the Pooch Palace to act on my behalf by obtaining veterinary care at my expense, should the Pooch Palace deem it necessary. I have read the Pooch Palace schedule of fees and agree to pay all charges at checkout, unless previously arranged. I release the Pooch Palace (and its agents and employees) from any liability or claim due to injury or death of my dog, unless the Pooch Palace has been negligent in the care of my dog. I understand that under no circumstances will the Pooch Palace be liable for consequential damages or demands beyond the replacement value of my dog.

Signed \_\_\_\_\_ Date \_\_\_\_\_

To comply with the amendment to Chapter 67 "Animal Welfare," Iowa Administrative Code, please read, sign and date the following:

"I understand that there is an inherent risk of a fight, resulting in possible injury or death to my dog, when there is co-mingling of dogs from different backgrounds, with different temperaments, and owned by different individuals.

"I understand that there is an inherent risk of disease transmission, resulting in possible injury or death to my dog, when there is co-mingling of dogs from different backgrounds, with different medical and treatment histories, and owned by different individuals."

\_\_\_\_\_  
Signature of pet owner

\_\_\_\_\_  
Date

I give permission for you to use my dog's image(s) on Pooch Palace promotional material.

\_\_\_\_\_  
Signature of pet owner

\_\_\_\_\_  
Date