



# Beacon Suites Application

## Boarding, Grooming, Day Care

### CLIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

### GUEST DOG INFORMATION

Dog Name: \_\_\_\_\_ Approx. weight: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

Dog Name: \_\_\_\_\_ Approx. weight: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

Dog Name: \_\_\_\_\_ Approx. weight: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

Dog Name: \_\_\_\_\_ Approx. weight: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Spayed/Neutered: Yes No

**Please provide proof of current Rabies, Distemper/Parvo, and Bordatella vaccines.  
Your vet can fax them to us at 336-298-4713.**

### MEDICAL HISTORY

Do you know of any previous serious illnesses or surgeries? Yes No

If yes, please describe: \_\_\_\_\_

Do you know of any pre-existing medical conditions? Yes No

If yes, please describe: \_\_\_\_\_

Are there any allergies of which you are aware? Yes No

If yes, please describe: \_\_\_\_\_

### VETERINARIAN INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## **BELONGINGS**

We welcome all blankets, shirts, small plush beds, and toys to make your pet feel more at home. Large beds are **NOT** welcome due to the load capacity of our washer/dryer and the ability to maintain a clean suite.

**\*\*\*We take every precaution to prevent loss, damage & destruction to your pet's belongings, however, we cannot guarantee such and replacement will not be offered. Check out our Lost & Found.**

## **PHOTOGRAPHY**

During your pet's stay, can we upload pictures from their Play Time to our Facebook page? Yes No  
Can we use a picture of your pet in any of our articles or advertising? Yes No

## **FEEDING**

We suggest bringing your dog's own food along with him/her to help from irritating their digestive system. Due to *state regulations*, please bring your own food in sealed containers or plastic bags.

\*Please do not bring opened bags of food with clips.

**\*\*HOUSE DRY FOOD** will be an additional \$10 per dog; Maximum 4 days\*\*

Feeding time daily: AM PM Both

How much per meal: \_\_\_\_\_

If your pet is not eating, please circle what we can add to their food?

Pumpkin Chicken & Veggie Medley Beef & Veggie Medley NONE

## **BEHAVIOR**

Does your dog have any aggression or destructive behavior? (Over food, toys, blankets, other dogs, new situations, nail trims, etc.)

Please list all that apply:

\_\_\_\_\_

Has your dog ever jumped a fence or barrier? Yes No

Would you consider your dog an "escape artist"? Yes No

Has your doge ever climbed a fence or barrier? Yes No

## **SOCIAL**

***If you would like your dog to be involved in group play during boarding, you must answer the following questions. Only dogs with matched temperaments will play together if owner wants group play. Dogs need to be spay or neutered.***

Would you like your dog to socialize with other boarding dogs? Yes No

Does your dog often socialize with other dogs well? Yes No

## **MEDICATIONS**

*All Medications/Supplements must be in the prescription or original bottle*

Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

Medication: \_\_\_\_\_

Directions: \_\_\_\_\_

## **GROOMING**

*We currently are offering professional grooming. Please call (336)298-4712 for more information, prices, or to schedule an appointment.*

**IF your dog has fleas a flea bath will be given. Cost will be calculated at checkout.**

*Beacon Suites - 336-298-4712 Fax - 336-298-4713 email - beacon.suites@yahoo.com*