



Beacon Suites Application

Boarding, Daycare & Grooming

CLIENT INFORMATION

Name _____ E-Mail: _____

Address: _____

Home Phone: _____ Cell 1: _____ Cell 2: _____

Emergency Contact (someone local, other than yourself)

Name: _____ Phone # _____

GUEST DOG INFORMATION

Name: _____ Breed: _____ Color: _____

D.O.B. / / Weight: _____ Sex : M / F Spayed/Neutered Y / N

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D.O.B. / / Weight: _____ Sex : M / F Spayed/Neutered Y / N

Please provide proof of current Rabies, Distemper/Parvo, and Bordetella vaccines.
Your vet can email them to us at Beacon.Suites@Yahoo.com or fax them to 336-298-4713.

VET OFFICE INFORMATION

Name: _____ Phone # _____

Can we upload photos from your pet's playtime to our Facebook or Instagram page? Yes / No

Can we use your pet's image on our website or advertising? Yes / No

FEEDING

Feeding time daily: AM PM Both How much per meal: _____

If your pet is not eating, can we add wet food to their dry food? Yes / No

Can your pet have treats other than their own? Yes / No

If your pet has digestive issues, can we give them pumpkin? Yes / No

If your pet has digestive issues, can we give them a probiotic? Yes / No

We suggest bringing your dog's own food 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 is available for an additional \$2 per cup; Maximum 4 days

BEHAVIOR / SOCIAL

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 dog ever climbed a fence or barrier? Yes / No

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

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

Only dogs with matched temperaments will play together if owner wants group play. Dogs need to be spayed or neutered for group play.

MEDICAL

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: _____

GROOMING

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

We are currently offering professional grooming. Please call for more information, prices, or to schedule an appointment.