



Animal House Grooming Salon and Boarding

665 Bell Fork Road • Jacksonville, NC 28540
Phone: (910) 353 - 2684 • Fax: (910) 577 - 3000

PET'S NAME: _____

PET HISTORY FORM

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP OUR STAFF BETTER CARE FOR YOUR PET

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. HAS YOUR PET BEEN BOARDED BEFORE | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU OR YOUR PET HAD A BAD EXPERIENCE BOARDING
IF YES PLEASE EXPLAIN WHY _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. IS YOUR PET AGGRESSIVE TOWARD PEOPLE | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. IS YOUR PET AGGRESSIVE TOWARD OTHER ANIMALS | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. HAS YOUR PET EVER BITTEN ANYONE | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. IS YOUR PET ALLERGIC TO ANYTHING
IF YES, LIST ALL ALLERGIES _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. IS YOUR PET PRONE TO ESCAPE FROM FENCING | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. DOES YOUR PET CLIMB OR JUMP FENCES | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. DOES YOUR PET DIG A LOT | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. DOES YOUR PET LIFT FENCE LATCHES | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. AT HOME IS YOUR PET KEPT IN AIR CONDITIONING | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. AT HOME IS YOUR PET KEPT OUTDOORS | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. IS YOUR PET HAVING A NORMAL STOOL AT THIS TIME | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. IS YOUR PET CHEWING ON HIM SELF OR HAVING ANY SORE SPOTS | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. IS YOUR PET A FINICKY EATER | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. IS YOUR PET ON A SPECIAL DIET | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. SHOULD WE BE CONCERNED IF YOUR PET DOES NOT EAT WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. HAS YOUR PET HAD AN INJURY, SICKNESS OR MEDICAL EMERGENCY WITHIN THE LAST 30 DAYS
IF YES PLEASE EXPLAIN _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. IS YOUR PET AFRAID OF THUNDER STORMS AND LIGHTNING | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. IS YOUR FEMALE DOG DUE TO COME INTO HEAT SOON | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. IS YOUR PET TAKING ANY MEDICATIONS
IF YES, LIST MEDICATIONS _____ | <input type="checkbox"/> | <input type="checkbox"/> |

IS YOUR PET HAVING, OR HAS YOUR PET HAD ANY OF THE FOLLOWING...

- | | | |
|--|--|--|
| <input type="checkbox"/> SEIZURES | <input type="checkbox"/> DIABETES | <input type="checkbox"/> HEAT EXHAUSTION |
| <input type="checkbox"/> COLLAPSED TRACHEA | <input type="checkbox"/> KENNEL COUGH | <input type="checkbox"/> STRESS COLITIS (DIARRHEA) |
| <input type="checkbox"/> BLOAT | <input type="checkbox"/> URINARY TRACT INFECTION | <input type="checkbox"/> HIP DYSPLASIA |
| <input type="checkbox"/> BLIND | <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> DEAF |
| <input type="checkbox"/> HEAT CYCLE | <input type="checkbox"/> ABNORMAL BREATHING | <input type="checkbox"/> FELINE LEUKEMIA OR HIV |
| <input type="checkbox"/> INTESTINAL WORMS | <input type="checkbox"/> OTHER _____ | |

HOW DO YOU TREAT THE ILLNESS _____

Medical Emergency Procedure

Please sign below to authorize our staff to seek any medical attention we feel is necessary. The cost associated with this treatment and a \$20 transportation charge will be added to your boarding expense. It is our procedure to notify you of any emergencies or illness, seek treatment with either your veterinarian, our visiting veterinarian or the emergency vet. clinic whichever the circumstance calls for. Animal House will not be responsible for any costs associated with any illnesses, injuries, accidents or death that is not due to the direct negligence of the care we are providing.

Date _____ Pet owner _____