

## Drop-Off and Check-In Questionnaire

Thank you for choosing New Beginnings K-9 Training LLC to care for your dog(s)! Our team is glad to welcome your furry family member. This is a short questionnaire about your dog for their stay. If the completed questionnaire is not submitted with the confirmation e-mail, please prepare to spend a few short minutes answering these questions at our facility upon dropping off your dog(s). This questionnaire is an effort to ensure your dogs' information is current and up to date for each stay, and must be submitted for each boarding stay.

**Client's Name:**

**Dog's Name:**

**Breed:**

**Age:**

**Color:**

### Feeding

1. Did your dog eat breakfast/dinner before drop-off?  
a. Yes      b.  No
2. Your dog is used to eating from which of the following types of bowls:  
a.  Ceramic      b.  Stainless Steel      c.  Plastic      d. Other: Glass
3. How many times a day does your dog eat?  
How much does your dog eat at each meal?
4. Which best describes your dog's appetite? Check all that apply.  
a.  Picky/selective eater  
b.  I add something to his/her food to get them to eat  
c.  eats a little throughout the day  
d.  eats  $\frac{1}{2}$  to most of the meal, leaving some food in the bowl  
e.  eats the whole meal, no issues  
f.  My dog eats alone.  
g.  My dog will only eat in my presence.
5. What brand and formula of food do you use?
6. Is there anything we should do or try if your dog should decide to not eat?  
(e.g. adding pumpkin, baby food, chicken broth, etc.)
7. Do you have any special feeding instructions we need to know about (i.e.: adding  $\frac{1}{4}$  cup of water to each meal; adding 1 treat to each meal; feeding from the raised bowls)?

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8. If you brought treats, are there any instructions or times we should give them?
  - Please understand that we prefer treats in the original packaging in order to know what we are giving your dog(s).

- Please understand that we often time use our own treats and stuffed Kongs as well as the ones provided.
- If there is an issue with your treats, or any known recall that may be recent, please understand that for your dogs' safety the treats may not be given.
- If any treat is not in the original packaging and is similar to a recalled treat we will follow the same precaution and provide your dog(s) with our own treats and stuffed Kongs for their safety and well-being. We will also provide you with the article of the recall or refer you to [www.DogFoodAdvisor.com](http://www.DogFoodAdvisor.com).

#### **Belongings and Medications:**

1. Are there any belongings you wish **not** to be laundered during your dogs stay?
  - a.  Yes, the items are: \_\_\_\_\_
  - b.  No.
2. Are there any items that your dog may not keep in their boarding suite at all times?
  - a.  Yes, the items are: \_\_\_\_\_
  - b.  No.
3. If your dog begins to eat its bedding and we must remove it for their safety, is there anything else you would like your dog to sleep on?
  - a.  Yes, \_\_\_\_\_
  - b.  No.
4. Is it normal for your dog(s) to chew on their items in their suite such as beds, blankets, toys?
  - a.  Yes, ..
  - b.  No.
5. Are there any medications your dog is currently on? (Note: we prefer the actual bottle containing medication(s) for the safety of your pet. This helps staff identify the medication and use)
  - a. Yes.
    - -What medication(s): \_\_\_\_\_
    - -Dosage or Time(s) Given: \_\_\_\_\_
    - -Reason(s) for Medication(s): \_\_\_\_\_
  - b.  No.

#### **Miscellaneous:**

1. Has your dog had any illness since their last stay or had any recent vet visit for illness or injuries?

- a.  Yes, \_\_\_\_\_  
b.  No.

2. If your dog has recently seen the vet, did they receive any medications? If yes, please identify the medication and date of last dosage. Please understand the importance of this because certain medications may affect your dog(s) needs and behavior during their stay at NBK9 (i.e.: steroids often make the dog(s) irritable, hungry, and thirsty; your pet may need extra potty breaks, snacks, and more rest).

- a.  Yes, \_\_\_\_\_  
• Date of Last Dose Given: \_\_\_\_\_

- b.  No.

3. Have you noticed any changes in your pet's behavior?

- a.  Yes:  
• Did this change occur after a specific event or outing with your dog? Please identify the location and situation:

\_\_\_\_\_

\_\_\_\_\_

- What were the changes you noticed?  
\_\_\_\_\_

\_\_\_\_\_

- Do you believe your dog is still having any behavioral changes; are they permanent or have they resolved?  
\_\_\_\_\_

\_\_\_\_\_

- b.  No.

Dog's Name:                    Check in Date/Time:        /                    Check out Date/Time:        /

List Item's Present at Check in with any instruction needed about the items.

Food type and amount:  
Is there extra  Yes  No

Medications:

Treats:

Containers/Bags:

Bedding:

Clothing :

Toys:

- 
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- 

Other:

This is what I left with my dog at New Beginnings K-9 Training, LLC for their boarding stay.”

Client Signature \_\_\_\_\_

“Everything was found and returned to the owners upon pick up.” Team Leader: