



Chug Life Inn – Boarding Pet Information Sheet

Owner Information

- Full Name: _____
 - Address: _____
 - Phone (Primary/Secondary): _____
 - Email: _____
 - Emergency Contact Name & Phone: _____
 - Preferred Method of Contact: Call Text Email
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Pet Information (Complete one sheet per pet)

- Pet's Name: _____
 - Breed/Species: _____
 - Age: _____ Sex: Male Female
 - Weight: _____ Color/Markings: _____
 - Microchip Number (if applicable): _____
 - Photo of Pet (optional): _____
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Health & Medical

- Veterinarian Name & Phone: _____
 - Medical Conditions: _____
 - Medications (Name, Dosage, Frequency): _____
 - Allergies: _____
 - Last Vaccinations: _____
 - Special Instructions in Case of Emergency: _____
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Feeding & Treats

- Food Type/Brand: _____
 - Feeding Schedule & Amount: _____
 - Treats Allowed: _____
 - Dietary Restrictions: _____
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Daily Routine & Preferences

- Walks (Frequency/Duration): _____
 - Playtime Preferences/Toys: _____
 - Sleeping Arrangements: _____
 - Bathroom Schedule: _____
 - Grooming Needs (Bathing, Brushing, Nail Care): _____
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Behavior & Training

- Commands Known: _____
 - Behavior Around People/Other Pets: _____
 - Fears or Triggers: _____
 - Special Training Notes or Tools Used: _____
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Safety & Home Info

- Areas Off-Limits: _____
 - Pool, Yard, or Safety Concerns: _____
 - Anything Else to Ensure Comfort & Safety: _____
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Owner Authorization

I certify that the above information is accurate and give permission for **Chug Life Inn** to provide care according to these instructions.

Signature: _____ Date: _____