



**CB Kennels**  
**583 Old Cartrette Rd.**  
**Clarendon NC 28432**

**Text or Call (910) 317-0420**

First and Last name: \_\_\_\_\_

Pets Name \_\_\_\_\_ Primary Breed: \_\_\_\_\_

Weight: \_\_\_\_\_ Color: \_\_\_\_\_ Age/Birthdate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact:**

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

**Please list those who are authorized to pick up your dog:**

1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Veterinarian:**

Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

**Check where appropriate:**  Male  Female  Spayed/Neutered  Unaltered

Is your dog Micro-chipped  Yes  No Chip # \_\_\_\_\_

Has your dog ever attended daycare or a boarding facility?  Yes  No

Has your dog ever been to a dog park?  Yes  No

If Yes to either of the above "How were they"? \_\_\_\_\_

Does your dog have a basic understanding of:  Sit  Down  Stay  Off  Come

Is your dog housebroken?  Yes  No Is your dog crate trained?  Yes  No

**Medical**

Is your dog currently taking any medications?  Yes  No

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**Note: If you checked yes you will need to fill out and sign a medication administration form for each pet.**

Has your dog been ill in the last 30 days? \_\_\_\_\_

Is your dog displaying any symptoms such as coughing, sneezing, or an upset stomach? \_\_\_\_\_

Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? \_\_\_\_\_ Explain: \_\_\_\_\_

Does your dog have any physical restrictions while playing or sensitive area on the body? Explain: \_\_\_\_\_

**Vaccinations**

**Please list the current expiration dates for the following vaccinations: (staff may complete once they've received proof of current vaccinations). Bordetella must be administered at least 7 days prior to any services, 3 days for a nasal vaccination.**

Rabies \_\_\_\_\_ DHLPP \_\_\_\_\_ Bordetella \_\_\_\_\_ Parvo \_\_\_\_\_

Is your dog currently on a flea preventative? (Required for all guests)  Yes  No

Name of Brand used: \_\_\_\_\_ Date it was last given: \_\_\_\_\_

**If there is evidence of ticks or fleas, treatment will be provided at owner's expense.**

**Personality**

**Please check all answers that describe your dog's personality:**  Outgoing  Timid

Affectionate  Reserved  Protective  Feisty  Friendly  Obedient  Aggressive

Independent  Playful  Confident  Submissive  Clingy  Gentle

**Please check all answers that describe your dog's attributes:**  Biter  Climb fences  Howls

Active chewer  Barks excessively  Likes to herd  Low activity level  Toy aggressive

Food/treat aggressive  Separation anxiety  Excessive marking  Excessive mounting

Coprophagia (Eats feces)  Afraid of Thunder

Has your dog ever bitten a person or another dog?  Yes  No

If yes explain: \_\_\_\_\_

**Please check all that apply when describing situation where your dog may become unfriendly:**  Grabbing collar  Being removed from furniture  Meeting strangers  Meeting other dogs  Being hugged  Being brushed  Being touched while sleeping  Being touched around the ears  Being touched on the paws/nails  Being touched on the tail  Being

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touched around the mouth  Being touched on the lower back  Around women  Around men  Around children Other: \_\_\_\_\_

**Has your dog displayed any of the following reactions?**  Will bite  May bite  Growls  Snaps  Shows teeth  Trembles  Freezes  Moves away

**Your dog plays best with:**  No dogs  Big dogs  Little dogs  Older dogs  Puppies

**Feeding Instructions**

Supplying your own food  Yes  No What food do you feed: \_\_\_\_\_

Feeding time: \_\_\_\_\_ Amount: \_\_\_\_\_

Special feeding instructions: \_\_\_\_\_

Supplying treats:  Yes  No

Can they get treats:  Yes  No

Foods to avoid: \_\_\_\_\_

**Bedding and Toys**

Will you be supplying Bedding:  Yes  No Describe: \_\_\_\_\_

Will you be supplying any toys:  Yes  No Describe: \_\_\_\_\_

**Shampoo selection:** CB Kennels administers free departure baths for guests boarding for 7+ nights. Please indicate if you have any requests for us to use or not to use.

**I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative.**

**Signature of owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

Initials: \_\_\_\_\_