

Your Name _____

Pets Name _____

Date _____

Charlotte Kennels Questionnaire Form

Please tell us a little more about your pet so we can ensure we are giving the best in personalized care during their visit/stay!

1) Is your pet on flea/tick treatment? If so, is it a topical or a pill?

2) Does your pet have food allergies or a sensitive stomach? If so, what are they allergic to?

3) What brand of food does your pet eat at home?

4) Does your pet have sensitive skin? (circle one)

YES / NO

If so, what shampoo should we use? (circle one)

Medicated

***If you are unsure, please ask a staff member**

Lemon Oatmeal

Fresh and Clean

Unscented

5) Does your pet have any past medical history? If none, please put N/A

6) Has your pet ever bit another person or animal before? (circle one) YES / NO

If so, please explain:

7) Does your pet jump fences, climb fences, and/or dig?
