

# Charlotte Kennels Questionnaire Form

Your Name \_\_\_\_\_ Pets Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

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

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**4) Does your pet have sensitive skin? (circle one) YES / NO**

**If so, what shampoo should we use? (circle one) *\*If you are unsure, please ask a staff member***

**Medicated**

**Lemon Oatmeal**

**Fresh and Clean**

**Unscented**

**Owners Shampoo**

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

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

**If so, please explain:**

*\*If your pet is dog aggressive or people aggressive please see VIP waiver. Additional fee per day may apply.*

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

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