

## Dog Board and Train Check-In 710 Jackson Street Sebastian, FL 32958 772.589.7297 www.halorescuefl.org

Owner Information	Pet Information
Name:	Name:
Address:	
City: State: Zip Code:	
Phone #1:	Color(s):
Phone #2:	Age/DOB:
Email:	
Veterinarian:	
Phone:	_
Emergency Contact	*H.A.L.O. requires all board and train participants to be
Name:	up to date on vaccinations. Please bring your pet's
Phone:	
Feedi	ing Information
Did you bring your pet's food? Yes / No	Has your pet eaten today? Yes / No
(If no, we will use the food at our facility for an addi	itional \$5.00 per day)
What type of food does your dog eat? (Circle all that	at apply) Dry / Wet / Dehydrated / Fresh / Treats
Other:	
What <b>brand</b> and <b>flavor</b> of food does your pet eat?	
How many times a day does your pet eat?	Amount?
If your pet is not eating, can we offer any of these i	ncentives? (Circle all that apply)
Cheese / Peanut Butter / Pumpkin / Chicken /	Salmon / Deli Meat / None*
*	'If None is circled, we will not add anything to your pet's food
Additional Feeding Information:	
Medica	al Information
Is your pet currently on any medication? Yes / No	o If Yes, for what?
Has your pet had their medication today? Yes / All	
Any existing coughing or sneezing, runny nose or	
Medication #1:	Medication #3:
Instructions:	Instructions:
Medication #2:	Medication #4:
Instructions:	Instructions:
Does your pet have any allergies? Yes / No	If yes, please list:
Flea prevention? If yes, brand?	
Heartworm prevention? If yes, brand?	Date Given:

Any Additional Instructions?	
	Pet's Belongings
familiar, but we cannot laundered, they may be bedding, or other items le	ng any of your pet's items to help make their stay at H.A.L.O. more comfortable are guarantee it's safe keeping. We have many animals at H.A.L.O. and as things get ecome lost. Please understand H.A.L.O is not responsible for lost or damaged toy seft with my pet. Please detail what items you have brought below and we will try east to ensure it stays with them through the length of their stay.
The following items have	been brought for my pet:
Leash? Yes / No	Description:
Collar? Yes / No	Description:
Blanket? Yes / No	Description:
Bed? Yes / No	Description:
Toys? Yes / No	Description:
Other:	
Owner (signature):	ature): (If applicable)
Date:	(ii applicable)

Office Use Only
Vaccinations Current & Copied?

Yes / No

Waiver Signed?

Yes / No

Checked in By: