

**IN HOUSE QUESTIONNAIRE**

**PET NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please circle the correct information**

1. SPAYED                      NEUTERED                      UN-ALTERED
2. Can play with others              Can **NOT** play with others
3. Food Allergies              Seasonal Allergies              Other Allergies \_\_\_\_\_
4. Restricted Time for Outside    **Y**    **N**    if yes explain \_\_\_\_\_
5. Administer Pepto if vomiting or diarrhea    **Y**    **N**
6. Does your pet experience seizures    **Y**    **N**

**BEDDING OPTIONS**

- Can have a suite bed              Can **NOT** have a suite bed
- Can have a kuranda bed              Blankets/plush only              Nothing

**FEEDING (multi family)**

- Together              Stand Between              Separate

**POOLS**

- Large Breed only- allowed to play in large pools    **Y**    **N**
- Allowed to play in baby pools/splash pools    **Y**    **N**

**Owner Signature:** \_\_\_\_\_