



Home Instead of Alone, Inc

Personalized Professional
Training and In-Home Boarding

1582 Baldwin Boulevard Bay Shore, NY 11706
631-991-3191 516-749-8302

“House-Breaking Boot Camp” Agreement

All information is confidential and for use in caring for your pet only by Home Instead of Alone herein after referred to in this contract as HloA, and staff.

DOG INFORMATION:

Dog's name: _____ Birth date: _____

Breed: _____ Weight: _____ lbs. Color: _____

Microchip Number _____

My dog is: (please check one) Neutered Male _____ Spayed Female _____ Unaltered and under 7 months old _____

****All dogs over 7 months old must be spayed or neutered.**

Method of flea control: _____ (Must be on a flea control program and free of fleas.)

Date Flea/Tick control last administered: _____

Heartworm medication: _____ Date last administered: _____

Has your dog ever been boarded? Yes _____ No _____

Were there any medical or behavioral issues reported? Yes _____ No _____ If yes, describe:

Does your dog have any medical problems or physical ailments? (Seizures, asthma, arthritis, incisions, etc.)
Yes _____ No _____ If yes, please describe _____

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

Has your dog ever exhibited aggressive behavior towards people or other dogs? Yes _____ No _____

Does She/he show Aggression over food or toys? Yes _____ No _____

Has your dog ever jumped a fence? Yes _____ No _____ If yes, how high was the fence? _____

Are all of your dog's vaccinations current (Including Bordetella (Kennel Cough) Yes _____ No _____

Please bring a copy of your dog's current vaccination records from your vet. Current vaccination for Rabies, DHLPP, Parvo, and Bordetella is required.

Veterinarian's Name, address, and phone: _____

How Did You Hear About Us? Referral (whom?) _____ Internet _____ Phone Book _____ Card/Brochure _____

OWNER INFORMATION:

Owner's Name: _____

Address: _____

City and Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone / Pager: _____

Email Address: _____

Please provide two emergency contacts in the event that we cannot reach you:

Name: _____ Phone: _____

Name: _____ Phone: _____

SPECIAL CARE INSTRUCTIONS:

Feeding Instructions: Number of times per day: _____ Amount: dry _____ canned _____

We recommend that you bring your dog's regular food, since dietary changes can result in stomach upset. If you do not wish to bring your pet's food, we will provide a quality brand all-natural dog food.

Food brought from home: Yes _____ No _____

Are there any allergies towards bones or rawhides? Yes _____ No _____

Will your pet need any medication (pills, ointments, injections, etc.) administered during the stay?

Yes _____ No _____

If yes, give instructions: _____

What condition does this treat? _____

Is any person other than yourself authorized to pick up your pet? Yes _____ No _____

-By checking "Yes," you authorize HloA to release your dog to the person(s) listed below, and release HloA from any and all responsibility:

Name(s): _____

Name(s): _____

Name(s): _____

