



HAVEN DOG HOTEL

QUESTIONNAIRE

Please fill out the following entry questionnaire. This enables us to get to know your pet so as to ensure a pleasant stay.

Date of Arrival	:	
Date to leave	:	
Name of Owner	:	
Address of Owner	:	
Contact numbers (seperate by commas)	:	
Email	:	
Name of dog	:	
Breed	:	
Age	:	
Weight	:	
ROUTINE		
Frequency of meals:	:	
Preferred type of exercise:	:	
BEHAVIOURAL CHARACTERISTICS		
Is the dog aggressive towards other dogs?	:	
Is the dog aggressive towards other animals (cats, guinea pigs, guinea fowl and chicken)?	:	
Has the dog on any occasion displayed aggression towards humans? (biting, growling, snapping)	:	
Is there any particular action that provokes growling, biting or snapping?	:	
Is the dog possessive over its toys?	:	
Is the dog possessive over its food?	:	
Is the dog afraid of thunder and lightning?	:	
Is it unusual for the dog to skip a meal?	:	
HEALTH		
Does the dog get car sick?	:	
Who is the dog's regular vet?	:	
Do you have a preference for veterinary care or can we take the dog (if required) to our preferred vet (Either Dr Ching, or Fauna Vet Clinic in Battaramulla)?	:	
Is the dog allergic to any known food? (if yes please specify)	:	

Is the dog allergic to any other substance? (if yes please specify)	:	
Does the dog have any existing skin conditions, Demodectic or Sarcoptic Mange, or any other recurrent fungal infections?	:	
Does the dog have any existing medical conditions?	:	
If so what is the medication required, and how is it administered?	:	
Does the dog have any physical injuries?	:	
Special needs, requests or notes:		