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**&** **Glenview** Boarding Kennels

**HEALTH RECORD**

HAS YOUR DOG SUFFERED FROM ANY ILLNESSES, DISEASES OR CONDITIONS IN THE PAST THAT HAS REQUIRED VETERINARY TREATMENT (NO MATTER HOW SMALL OR TRIVIAL):

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IS YOUR DOG CURRENTLY ON ANY MEDICATION FROM THE VET, IF SO, WHAT CONDITION ARE THEY CURRENTLY SUFFERING FROM:

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BOOSTER DATE ……………………………………………….. KENNEL COUGH VACC DATE ………………………………………………….

HAS YOUR DOG BEEN NEUTERED: YES/NO

**SOCIAL HABITS**

HOW DOES YOUR DOG REACT TO NEW PEOPLE? ...................................................................................................

DOES YOUR DOG PREFER MEN OR WOMEN? .........................................................................................................

HOW DOES YOUR DOG REACT TO OTHER DOGS? ..................................................................................................

HAS YOUR DOG BEEN THE CAUSE OF A FIGHT WITH ANOTHER? ...........................................................................

ARE YOU HAPPY FOR YOUR DOG TO PLAY/MIX WITH OTHER GUESTS? .................................................................

DOES YOUR DOG HAVE A FAVOURITE TOY/GAME? ................................................................................................

IS THERE AYTHING THAT CAUSES YOUR DOG TO BE SCARED? ...............................................................................

PERMISSION FOR US TO USE PHOTOS OF YOUR DOG (S) ON OUR FACEBOOK PAGE & WEBSITE? ........................

PERMISSION FOR US TO CONTACT YOU BY TEXT …… EMAIL …… SIGNATURE …………………………………………………

THANK YOU ☺

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