

Mountain Paws
166 Nemacolin Woodlands Rd, Farmington, PA 15437
724-329-8619, info@mountain-paws.net

Grooming & Pet Boarding Questionnaire

Please Include a photo of your pet.

Your Name: _____
Address: _____
City, State, Zip: _____
Phone #: (H) _____ (W) _____ (C) _____
Emergency Contact Name & Phone #: _____
Email Address: _____
Name of Pet(s): _____ DOB: _____
Breed: _____ Color: _____ Sex: _____ Weight: _____
Spayed or Neutered: _____ Vet's Name & Clinic: _____
How long have you had your pet? _____
Does your pet have food allergies? Y or N _____
Do you have any objections to us giving your pet treats? Y or N _____
Is your dog on any medications or any medical conditions we should be aware of?

1. Does your pet get along with other dogs, big & small? Y or N _____
2. Has your pet ever been socialized with a large group of dogs? Y or N _____
3. Is your pet house trained/crate trained? Y or N _____
4. How many hours does your pet spend in the crate on a daily basis? _____
5. Is your pet able to jump fences? Y or N _____
6. Has your pet ever escaped from a collar/harness? Y or N _____
7. Does your pet dig? Y or N _____
8. Does your pet like to swim? Y or N _____
9. Will your pet play fetch? _____
10. What is your pet's favorite toy? _____

11. Is your pet afraid of loud noises? (I.e. thunderstorms, fireworks) _____
12. Does your pet have any behavioral problems or issues in any of the following areas?
- Mouthiness (biting, chewing) - _____
 - Food aggression (guarding food) _____
 - Excessive barking - _____
 - Separation Anxiety - _____
 - Coprophagia (eating poop, own or others) - _____
 - Mounting other dogs - _____
 - Other - _____
13. Does your pet have any physical limitations? Y or N _____
14. Does you use flea/tick preventatives on your pet regularly? Y or N _____
15. My pet does not like to be petted here: _____
16. What commands are your dog familiar with? _____
17. Is there anything else we should know about your pet? _____
18. Are we able to post pictures of your pet on social media? Y or N _____
19. Has your pet ever been aggressive towards anyone? (Growled, snapped, or bitten) Y or N _____
20. Were you referred to us? If so, by whom? _____

Thank you!

The information collected above will help us determine how to give your pet the best possible care while in our care. We hope your pet enjoys his/her stay!

Client signature: _____ Date: _____