

Boarding Options

Check- IN Date-_____ Check- OUT Date-_____ Sunday Pickup? **Y or N**

IF SUNDAY PICKUP: It is an extra \$60.00 per family. Pickup is between 5:30- 6:00pm. **Initials** _____

****Sunday pickup fee is non-refundable and must be paid when you drop off for boarding****

Name(s) of Pet(s) Boarding: **First Name(s)** _____ **Last Name** _____
Current Weight(s)- _____

In any case of emergency, injury, or sickness, we will make every attempt to contact you regarding your pets' care. However, if you are unreachable and treatment cannot be postponed....

I, _____, am willing to spend up to \$ _____ for my pet's medical treatment, and agree that I am responsible for payment of the veterinary services.

Signature: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Does your pet have any pre-existing medical conditions that could warrant a doctor's exam during their boarding stay? **Y or N**

IF YES, do you approve a doctor's exam to be performed at \$35.00? Y or N

Would you like any other services to be performed while boarding? **If so, please explain:**

Are you expecting your dog(s) to share a space? (only for pets with siblings) **Y or N**

IF SHARING A SPACE: Do pets have a history of food aggression or have to be fed separately? **Y or N**

****IF YES, your pets will be required to board separately****

Is your pet dog aggressive? **Y or N**

Does your pet have a history of chewing up bedding? **Y or N**

Did you bring your own food? **Y or N** Amount per serving: _____ (all pets get fed twice a day)
When was your pet last fed? _____

Will your pet be groomed here? **Y or N** Date to be groomed? _____ **Fill out Groom Sheet**

Turn Over For Additional Questions

****Medication administration costs \$10.00 per day****

List of medications to be administered while boarding (list more if needed):

1. Name of Medication-_____
Dosage and Frequency-_____
Date and Time it was last given-_____

2. Name of Medication-_____
Dosage and Frequency-_____
Date and Time it was last given-_____

3. Name of Medication-_____
Dosage and Frequency-_____
Date and Time it was last given-_____

4. Name of Medication-_____
Dosage and Frequency-_____
Date and Time it was last given-_____

Will there be any belongings left with the pet? **Y or N**

IF YES, Please list below the characteristics of the belongings including color, pattern, texture, or any other distinguishing characteristics:

EXAMPLES: a small blue stuffed rabbit, gray fuzzy bed, red plaid blanket

Do you have any special instructions for the staff that you would like them to know about?

Verified by- Receptionist:_____ Tech:_____ NSD:_____