

Boarding Options

Check- IN Date- _____ Check- OUT Date- _____ Sunday Pick up? **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 day? 1 2 3
When was your pet last fed? _____

Group play while boarding? (\$20.00/day): **Y or N** If yes, did the Parent sign the waiver? **Initials** _____

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:** _____