

Boarding Options

Check in Date: _____ Discharge Date: _____

Pets to be Kenneled: _____

XL- Run	Run	Large Kennel	Med Kennel	Small Kennel	Cat Condo
>25#	>25#	<75#	<50#	<25#	
\$30	\$25	\$23	\$21	\$19	\$18.50

*These Prices do not reflect plan discounts

Are you expecting your pets to Share a kennel? Y N

Own food: Y N Feeding instructions: _____

Sunday Pick up (extra \$20.00/family): Y N Playtime (\$3.00/day): Y N

Medications and time they were last given (\$9.00/day)

Pet to Be Groomed: Y N Date Scheduled: _____

Any Personal Belonging Left with pet: include color, type and any other distinguishing characteristics: _____

Special instructions for the medical staff: _____

In Case of Emergency, 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 dog's medical treatment, and agree that I am responsible for payment of veterinary services.

Signature: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

Receptionist: Tech: Kennel Number: Leash/collar in bin: Y N