Boarding Check-In Information

Thank you for giving us the opportunity to care for your pet while you are away. To ensure the best care possible, please take the time to fill in this form completely. Thank you!

**General Information:**
Client Name: _________________________________
Pet(s) Name: _________________________________
Boarding Dates: ____/____/____ until ____/____/____  Pick Up Time: _________ AM / PM
Is your pet sharing a kennel with another pet?   Yes   No
If yes, please list the other pet’s name(s): ______________________________

**Feeding Instructions:**
How often do you feed your pet?   Once daily (AM),   Once daily (PM),   Twice daily   or   Free Feed
What is the quantity of food given at each feeding (measured in 8oz cups)? ____________________________
Is your pet on a prescription diet?   Yes   No  If yes, please list the diet: ____________________________
Did you bring your pet’s food?   Yes   No
Is it Ok to feed our hospital kennel food?   Yes   No

**Medications:**
Does your pet takes daily medications?   Yes   No
Did you bring your pet’s medications?   Yes   No
There will be an additional $6.27 daily fee for administering medications during your pets stay.
Please list all of your pet’s medications: ______________________________________________________
____________________________________________________________________________________

**Other:**
Leash, description: __________________________ Carrier, description: ____________________________
Collar, description: __________________________ Toys, description: ____________________________
Bed, description: ____________________________  Blanket, description: ____________________________
Towel, description: __________________________ Other, be descriptive: ___________________________

Are there any special notes about your pet that we should note on the kennel? ie: dog aggressive, food aggressive, etc.
____________________________________________________________________________________
____________________________________________________________________________________

Will your pet be seeing the veterinarian during his/her stay? If so, for what reason?
____________________________________________________________________________________

Were you interested in any of the following “Extras” for your pet? Please ask a receptionist for individual pricing. Circle desired options.

- Extra walks and playtime
- Bath
- Nail trim
- Teeth brushing