

BOARDING INFORMATION

Please read, complete, and return this form on the day of boarding. **Checked in by** _____

Pet(s) Names: 1. _____ 2. _____ 3. _____

Arrival Date _____ **Departure Date** _____

Has your pet been deemed Dangerous or Vicious by animal control? If Yes please check with a staff member.

The below vaccines are required to board and if administered elsewhere a copy of the medical records will be required.

Dogs: Dhlppv	Cats: Fvrpc	Current
Bordetella	Felv	
Rabies	Rabies	

Canine Influenza: We now offer the Canine Influenza Vaccine for your dog! This vaccine is presently not required, but highly recommended for all boarding dogs. Cost for the series is \$62.00. Would you like this vaccine given to protect your dog? Yes No

Flea control used: (circle one) Bravecto Nexgard Simparica Sentinel Revolution Other _____

Bath requested before going home: Yes No

Feeding: (Circle One) Once Daily Twice Daily Free Feed

Alternative Feeding Needs: (Additional fees may apply) Please include specific written instructions on the reverse side of this form if needed.

Pet Belongings (food, toys, beds, etc.....) **Please Describe**

Medications: Please include which pet, amounts, schedule and when last dose given (Additional fees may apply.)

Request Doctor Exam for my pet(s) while boarding: Yes (explain below) No

Procedures scheduled to be performed while boarding: Spay Neuter Dental Other

If your pet should become ill while boarding, do you give us permission to appropriately care for your pet such as doctor's exam, bloodwork, x-rays, medications, etc? (Circle One)

Yes No Contact Me First

Emergency Contact Number _____ **Signature** _____

(Must be financially responsible person 18 years or older)

