BOARDING INFORMATION

Please read, complete, and return this form on the day of boarding.

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

Arrival Date_____ **Departure Date**_____

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

***Ask us about the Canine Influenza Vaccine!**

Dogs:	**Cats**:	
Dhlppvcvk	*Fvrcp*	*Current*
Rabies	*Felv*	
Bordetella	*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 $40.00. Would you like this vaccine given to protect your dog? Yes No

Flea control used: (circle one) Advantage Frontline Sentinel Revolution Comfortis Other_____

Bath requested before going home: Yes No

**Note: Complimentary baths are included with 5 or more nights of boarding.

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 (identify pet and procedure)_____

_____

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)