



### 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