

DOG BOARDING FORM

CLIENT'S NAME _____ PET'S NAME _____
COLOR _____ BREED _____ M ___ MN ___ F ___ FS _____

I WILL PICK UP MY PET ON _____ (DAY/DATE) AT _____ (TIME)

___ I BROUGHT MY PET'S OWN FOOD _____ (NAME OF FOOD)

___ MY PET WILL EAT **HOUSE FOOD (\$5 PER DAY)**

FEED MY PET _____ (AMOUNT EACH MEAL)

MY PET EATS ___ AM **ONLY** ___ PM **ONLY** ___ AM & PM ___ AM/ MID/ PM ___ FREE FEED

MY PET'S NEXT FEEDING IS AT _____ (DATE/TIME)

IF MY PET IS NOT EATING, IS IT OK TO ADD A LITTLE OF HOUSE CAN FOOD TO ENTICE

YES ___ NO ___

,MY PET HAS ALLERGIES ___ YES ___ NO IF SO, WHAT KIND _____

ITEMS I BROUGHT WITH MY PET

SPECIFIC NOTES ABOUT MY PET

**MEDICATIONS: PLEASE NOTE: ALL PRESCRIPTION MEDICATION MUST BE IN ORIGINAL
PACKAGING AT CHECK IN**

___ MY PET IS ON MEDICATION(PLEASE SPECIFY NAME/TYPE, INSTRUCTIONS/AMOUNT, AND WHEN
THE NEXT DOSE IS DUE) THERE IS A \$3.00 FEE PER DAY TO ADMINISTER

Name of Medication	Instructions	Time/Day next Dose Due

SPECIAL SERVICES REQUESTED

___ BATH(INCLUDES NAIL TRIM, EARS, BRUSHING) \$45 & UP ADD ON AG ___ \$18

DONE THE SHIFT BEFORE GOING HOME ADD ON DREMEL ___ \$18

___ NAIL TRIM ONLY \$20 ___ NAIL DREMEL ONLY \$28 ANAL GLANDS ONLY ___ \$28

___ FROSTY PAW OR PEANUT BUTTER KONG (PER DAY, PER PET \$5) #OF DAYS ___

IN CASE OF EMERGENCY CONTACT- _____

I AUTHORIZE _____ TO PICK UP MY PET

SIGNATURE _____ DATE _____

