

BOARDING INFORMATION

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

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.

Coughing Dogs: Dogs with symptoms of infectious cough (or respiratory infection in cats) will not be admitted into our boarding facilities. This can be highly contagious and infect other client’s healthy pets. If your pet is diagnosed with infectious cough while boarding, they will be moved into isolation and treated at the owners expense.

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

Dogs:	Dhlppv	Cats:	Fvrpcp	Current
	Bordetella		Felv	
	Rabies		Rabies	

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)

