



Boarding Check-In Form

Office Use

Name of Owner: _____ Name of Pet : _____

Arrival Date: _____ / _____ / _____ Departure Date: _____ / _____ / _____

Emergency contact name: _____ Phone: _____

YOUR phone number while away: _____ Approx. pick-up time? _____

Health

Is your pet currently healthy? Yes No If no, symptoms: _____

Feeding

Name of food: _____ Kibble Wet

Amount of kibble (in cups): _____ cups Amount of wet food (in cans): _____ cans

Feeding time(s) (check all that apply): AM Mid-day PM Free Feed (available at all times)

Has your pet been fed today? Yes No If Yes: AM Mid-day PM

Special instructions (i.e. add water, heat up, elevate): _____

Medications (including vitamins/supplements*list others on back side*)

1. Name of medication: _____ Dosage: _____

Reason for using: _____ AM PM

2. Name of medication: _____ Dosage: _____

Reason for using: _____ AM PM

Has your pet received any medication(s) today? Yes No

If "Yes", which one(s) AND at what time(s): _____

Grooming & Other Services

Departure Bath (Free after +3 days)

Nail Trim (\$13.41 to \$27.90)

Extra Walk (\$5.16 Per Day)

Anal Glands (\$20)

Daily Brushing (\$5.16 Per Day)

****All Extra Services Are Performed Behavior Allowing****

Ear Cleaning (\$21.87)

Flea & Tick Prevention Name: _____

Date Applied: _____

I have read the boarding requirements and understand Animal House policies.

Owners Signature: _____

Additional Request/Belongings: _____