

BOARDING INFORMATION

Owner's Name: _____

Pet's Name(s): _____ **Cage #(s)** _____

Day and/or Date going home: _____ **Pick up Time:** _____

Telephone numbers where we can contact you:

Please list anyone else who is authorized to pick up your pet(s) from this visit:

Does your pet need to be examined by a doctor? _____ **If yes, list any symptoms:**

Any medication needed while boarding? _____ **If yes, please list:**

Medication Name And Strength (mg):	# times given per day:	# pills or ml given each time:	Last day and time given:

Dogs: All dogs will be bathed prior to going home. (Complimentary with boarding.)

If you chose to decline this service, check here: _____ I Decline Bath

All dogs will also be getting an oral dewormer at the time of arrival, for the protection of our staff and other animals from intestinal parasites.

Cats: Would you like your cat to be bathed? (Regular price) ___Yes ___No

Any Special Sessions or Needs: _____