

BOARDING FORM

CLIENT'S NAME \_\_\_\_\_

PET'S NAME \_\_\_\_\_

PART I – FEEDING AND SERVICE NEEDS

- I WILL PICK UP MY PET ON \_\_\_\_\_ AT \_\_\_\_\_ (DATE/TIME)
- I BROUGHT MY PET'S OWN FOOD
- MY PET IS ON A SPECIAL DIET \_\_\_\_\_
- MY PET EATS (please circle one)      AM ONLY      PM ONLY      AM AND PM      AT WILL
- MY PET EATS \_\_\_\_\_ (AMOUNT)
- MY PET'S NEXT FEEDING IS AT \_\_\_\_\_ (DATE/TIME)
- MY PET NEEDS A BATH, BRUSH OUT AND NAIL TRIM
- MY PET NEEDS A NAIL TRIM ONLY
- MY PET NEEDS HIS/HER ANAL GLANDS EXPRESSED
- I HAVE PRE-ARRANGED GROOMING WITH SUSAN
- MY PET NEEDS AN EXAMINATION (PLEASE SPECIFY) \_\_\_\_\_
- I AM LEAVING THE FOLLOWING ITEMS WITH MY PET (USE SPACE PROVIDED BELOW FOR ITEMS) ALTHOUGH WE TRY TO MAKE SURE YOUR PET GOES HOME WITH WHAT HE/SHE CAME WITH, WE ARE NOT RESPONSIBLE FOR LOST ITEMS OR ITEMS LEFT HERE WHILE BOARDING.

\_\_\_\_\_  
\_\_\_\_\_

- PLEASE SEE SPECIFIC NOTES ABOUT MY PET BELOW (USE SPACE PROVIDED FOR NOTES)

\_\_\_\_\_  
\_\_\_\_\_

PART II – MEDICATIONS

- MY PET IS ON MEDICATION (PLEASE SPECIFY MEDICATIONS, DOSES AND WHAT THE NEXT DOSAGE TIME IS (ADDITIONAL ROOM ON THE BACK))

MEDICATION	INSTRUCTIONS	TIME NEXT DOSE DUE

PART III – EMERGENCY INFORMATION

- Please do not treat my pet if he/she becomes ill without calling me first
- Please treat my pet if he/she becomes ill up to (\$) \_\_\_\_\_ before calling me
- Two emergency numbers that I can be contacted at are \_\_\_\_\_ / \_\_\_\_\_

I understand my pet will be treated for any internal/external parasites noticed while boarding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY (CHECK BOX IF NEEDED)**

<input type="checkbox"/> DHPPC	<input type="checkbox"/> FVRCP
<input type="checkbox"/> BORDETELLA	<input type="checkbox"/> FELV
<input type="checkbox"/> RABIES	<input type="checkbox"/> FIV
<input type="checkbox"/> HW TEST	<input type="checkbox"/> FECAL
<input type="checkbox"/> FECAL	<input type="checkbox"/> EXAM
<input type="checkbox"/> EXAM	