

# BOARDING FORM

Client Name: \_\_\_\_\_ Pet(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Emergency #: \_\_\_\_\_

DROP-OFF DATE: \_\_\_\_\_ PICK-UP DATE: \_\_\_\_\_

After Hours Pick-Up: Saturday 5-6pm \_\_\_\_\_ Sunday 5-6pm \_\_\_\_\_

*\*There is a fee of \$15 for After Hours Pick up and requires prepayment of stay\**

Large Run (\$35/Night) \_\_\_\_\_

Shoreline Cage (\$28/Night) \_\_\_\_\_

Small Cage >20lbs (\$21/Night) \_\_\_\_\_

Feline Boarding (\$25/Night) \_\_\_\_\_

### Medication/Insulin Administration:

\_\_\_ No Medications/Insulin

\_\_\_ Medications (\$3 per night)

\_\_\_ Insulin (\$5 per night) How many units \_\_\_\_\_

Any special instructions on medications/insulin: \_\_\_\_\_

### DIET:

Brought own food \_\_\_\_\_ Use Clinic Food \_\_\_\_\_

How much do you feed: \_\_\_\_\_ How often do you feed: \_\_\_\_\_

Brought Treats \_\_\_\_\_

**Grooming Services:** *(Complimentary bath if boarding 5 nights or more)*

\_\_\_ Paid Bath

\_\_\_ Complimentary Bath

\_\_\_ Nail Trim

### Additional Services:

\_\_\_ Vaccinations    \_\_\_ Heartworm Test    \_\_\_ Anal Gland Expression

\_\_\_ Check up by Dr. Reason for Checkup: \_\_\_\_\_

Additional information that we need to know about your pet: (Use back if more space is needed)

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

\_\_\_ *By initialing here, you are giving consent for your pets picture to be posted on our social media account(s).*

**Company Policy:** All canines must be up-to-date on Rabies, Distemper/Parvo and Bordetella (Kennel Cough) Vaccines. All felines must be up-to-date on Rabies and Distemper Vaccines.