



Boarding Form

Owner _____ Pet _____

Email _____ Primary Contact # _____

Boarding Dates: _____ - _____ Approximate Pick-up Time _____

There is a 1/2 day charge for pickup after 12 noon Monday - Saturday & \$25 Sunday Pickup Fee

Best Emergency Contact (Name and Number) _____

Medications – MUST BE IN ORIGINAL PRESCRIPTION BOTTLE

****Administration fees apply****

Medication/Treatments (please include dosage)	Directions
1)	
2)	
3)	
4)	
5)	
6)	

NOTES/MEDICAL CONDITIONS:

DIET

****All Food Must be Pre-bagged if staying less than 10 days or \$20 bagging fee will be applied****

Type	Directions
<input type="checkbox"/> Kennel Food	
<input type="checkbox"/> Own Food (Pre-bagged less than 10 days)	

NOTES:

BELONGINGS (LIMIT 2)

****Please Note: For health reasons we do not permit any soft toys or bedding.****

Belonging:	Detailed Description

NOTES:

Please select from the following options to make your pet's stay as enjoyable as possible.

Fees Apply for all Activities. Please check website for current rates

TREATS - Please write the quantity next to item		
Qty ___ Pig Ears (\$3)	Qty ___ Small Filled Bone (\$5)	Qty ___ Large Filled Bone (\$7)
Qty ___ Knuckle Bone (\$8)	Qty ___ Small Marrow bone (\$5)	Qty ___ Large Marrow Bone (\$7)
Qty ___ Filled Hoof (\$5)	Qty ___ Pork Roll (\$5)	

Boarding Services – Prices are Per Individual Session				
Services	Options			
2 hours group play (\$10)	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 rd Day	<input type="checkbox"/> Other
Full Day group play (\$15)	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 rd Day	<input type="checkbox"/> Other
15 Minute 1-on-1 (\$10)	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 rd Day	<input type="checkbox"/> Other
Frozen Yogurt Treat (\$3)	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 rd Day	<input type="checkbox"/> Other
Extra Potty Breaks (\$3/\$5)	<input type="checkbox"/> 1 extra per day (\$3/day)		<input type="checkbox"/> 2 extra per day (\$5/day)	
Dog Licensing	<input type="checkbox"/> Lifetime License		<input type="checkbox"/> Lifetime License + Micro-chip	
<input type="checkbox"/> Veterinary Services (you will be provided an additional form at drop off)				
Notes:				

DEPARTURE SERVICES			
Services	Options		
<input type="checkbox"/> Bath	<input type="checkbox"/> De-Shed Treatment	<input type="checkbox"/> Medicated Shampoo	<input type="checkbox"/> Teeth Brushing
	<input type="checkbox"/> Nail Grind	<input type="checkbox"/> Extra brushing (bath includes 20 mins)	
<input type="checkbox"/> Hair Cut (requires bath)	<input type="checkbox"/> Puppy cut (all one length)	<input type="checkbox"/> Breed Style Cut	<input type="checkbox"/> Feather Trim
	<input type="checkbox"/> Sanitary Trim	<input type="checkbox"/> Ear Plucking	
<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Nail Grind		
NOTES:			

Signature (required) _____

Please return completed form by email or bring a copy at drop-off

OFFICE USE ONLY - DO NOT FILL OUT
In the past 24 hours has pet experienced coughing, sneezing, vomiting, diarrhea, decrease in appetite, lethargy, decrease in energy, or any other medical issue? YES NO
If yes please explain: