



# 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 Owner Provided Food Must be Prebagged if staying less than 10 days\*\***

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 (\$2)	Qty ___ Small Filled Bone (\$4)	Qty ___ Large Filled Bone (\$7)
Qty ___ Knuckle Bone (\$7)	Qty ___ Small Marrow bone (\$4)	Qty ___ Large Marrow Bone (\$7)
Qty ___ Filled Hoof (\$3)	Qty ___ Pork Roll (3\$)	

Boarding Services – DOGS ONLY				
Services	Options			
<input type="checkbox"/> 2 hours group play	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<input type="checkbox"/> Full Day group play	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<input type="checkbox"/> 15 Minute 1-on-1	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<input type="checkbox"/> Frozen Yogurt Treat	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<input type="checkbox"/> Extra Potty Breaks	<input type="checkbox"/> 1 extra per day		<input type="checkbox"/> 2 extra per day	
<input type="checkbox"/> 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: