

# Boarding Form

Owner \_\_\_\_\_ Pet \_\_\_\_\_

Email \_\_\_\_\_ Primary Contact # \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ - \_\_\_\_\_ Pickup Time: \_\_\_\_\_

Emergency Contact (Name and Number) \_\_\_\_\_

**PLEASE NOTE:**

**MONDAY - SATURDAY PICKUP IS BY NOON OR YOU WILL BE CHARGED AN ADDITIONAL NIGHT**

**THERE IS A \$25 SUNDAY PICKUP FEE. PICKUP IS ONLY 3-5PM**

**ALL HAIR CUTS WILL RECEIVE A TEXT WHEN COMPLETE**

**Medications – MUST BE IN ORIGINAL PRESCRIPTION BOTTLE**

**\*\*Administration fees apply\*\***

<u>Medication/Treatments (please include dosage)</u>	<u>Directions</u>
1)	
2)	
3)	
4)	

**Can staff use treats to administer medication?**     YES     NO

NOTES/ALLERGIES/ MEDICAL CONDITIONS:

**DIET**

**\*\*All food must be pre-bagged if staying less than 10 days or \$20 bagging fee will be applied\*\***

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

**Can staff use kennel food if your pet runs out of food**     YES     NO - CALL FIRST

NOTES:

**BELONGINGS (LIMIT 2)**

**\*\*PLEASE NOTE: For health reasons we do not permit any soft toys or bedding.\*\***

<u>Belonging:</u>	<u>Detailed Description</u>

NOTES:

## A LA CARTE SERVICES

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

**TREATS - Please write the quantity next to the item**

Qty ___ Pig Ears (\$3)	Qty ___ Small Filled Bone (\$5)	Qty ___ Large Filled Bone (\$7)
Qty ___ Small Marrow bone (\$5)		Qty ___ Large Marrow Bone (\$7)

### BOARDING ADD ONS – Prices are Per Individual Session

Services	Options			
<b>2 Hours Group Play (\$15)</b>	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<b>Full Day Group Play (\$20)</b>	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<b>15 Minute 1-on-1 (\$15)</b>	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<b>Frozen Yogurt Treat (\$3)</b>	<input type="checkbox"/> Daily	<input type="checkbox"/> Every Other Day	<input type="checkbox"/> Every 3 <sup>rd</sup> Day	<input type="checkbox"/> Other
<b>Extra Potty Breaks</b>	<input type="checkbox"/> 1 extra per day (\$5/day)		<input type="checkbox"/> 2 extra per day (\$8/day)	
<b>Dog Licensing</b>	<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

Clean-up Bath (bath & dry, no brushout)	Nail Trim	Nail Grind	Teeth Brushing
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**DELUXE BATHING & STYLING - Includes nail trim, ear cleaning, and *light* brushing**

**NOTE: ALL HAIRCUTS REQUIRE DELUXE BATH AND WILL RECEIVE A TEXT WHEN COMPLETE**

<input type="checkbox"/> Deluxe Bath	<input type="checkbox"/> Nail Grind	Teeth Brushing	Ear Plucking
	<input type="checkbox"/> De-Shed Treatment	<input type="checkbox"/> Extra brushing	Oatmeal Shampoo
	Whitening Shampoo	Flea & Tick Shampoo	De-skunk Shampoo
<input type="checkbox"/> Hair Cut	<input type="checkbox"/> Puppy Cut (all one length)	<input type="checkbox"/> Breed Style Cut	<input type="checkbox"/> Sanitary Trim
<b>Heavy Shedding, matted, and double coated breeds will require extra brushing fees</b>			
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 your pet experienced coughing, sneezing, vomiting, diarrhea, decrease in appetite, lethargy, decrease in energy, or any other medical issue?    YES    NO

**If yes please explain:**