

STAFF INITIALS: _____

BOARDING HOURS:

Monday, Wednesday, Friday 8:00 am - 4:30 pm
Tuesday and Thursday 8:00 am - 6:00 pm
Saturday 8:00 am - 11:00 am
Sunday (Pick up *only*)** 3:00 pm - 6:30 pm



** Sunday Pick up Charge applies. Credit Card on file required. - Initials: _____

BOARDING INSTRUCTIONS

Name of Pet: _____ Owner: _____

Boarding Dates: Drop off: _____ Pick Up: _____

DOGGIE DAY CARE/SUN LOUNGE: Do you want doggy day care for **\$17.25 extra per dog/day** Yes No

HALF DAY OPTION: (Roughly 5 hours of play time) **\$ 8.75 extra per dog/day** Yes No

Circle the day(s) that you want your dog in **Day Care OR Sun Lounge (SEASONAL):**

WEEK 1: Mon Tue Wed Thurs Fri Sat **WEEK 2:** Mon Tue Wed Thurs Fri Sat

MEDICATION(S):

Please note: There is an additional charge of \$4.00 per day to administer oral medications/supplements. An additional charge also applies to administration of SQ fluids or insulin.

HAS YOUR PET HAD MEDICATION(S) TODAY? Yes No What Time: _____

| Name of Medication(s)* | Quantity | # of times per day |
|------------------------|----------|--------------------|
| | | |
| | | |
| | | |

**DO YOUR INSTRUCTIONS DIFFER FROM WHAT THE PRESCRIPTION LABEL READS?*

FEEDING: _____ CUPS _____ per day (1 Cup=8 Ounces) Next Meal: _____

Did you bring your own food? Yes No If yes, what kind? _____

If applicable would you prefer to have your pets kenneled together? Yes No

If yes, the client understands and assumes all responsibility for the possible risks associated with multiple animals that are boarded in the same kennel. **Initials:** _____

EMERGENCY CONTACT: (required)

Primary Phone Number(s): _____

If we are unable to contact you, is there someone else we can contact? Yes No

If yes, what is their name and number(s): _____

Alternate contacts MUST be able to make medical decisions.

BELONGINGS (ADDITIONAL SPACE ON BACK): _____

Signature: _____ Date: _____