STAFF INITIALS: _____

BOARDING HOURS:

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

** Sunday Pickups Charges apply. Credit Card on file required. – Initials:

BOARDING INSTRUCTIONS

Pet's Name: _____ Owner: _____

Boarding Dates: Drop Off: _____ Pick Up: _____

DOGGIE DAY CARE/SUN LOUNGE: Do you want doggy day care for **$18.15 extra per dog/day?** ☐ Yes ☐ No

HALF DAY OPTION: (Roughly 5 hours of play time) **$9.20 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 **$6.00** per day to administer THREE (3) or less **OR $9.00** per day to administer FOUR (4) or more 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:* _____