



**\$19.70 OUT OF HOURS FEE applied to drop offs or pick ups outside of these hours:**

**Monday – Friday: 7:45 am – 12:00 pm AND 2:00 pm – 4:00 pm**

**Saturday: 7:45 am – 11:00 am Sunday (PICK UP ONLY): 3:00 pm – 6:00 pm**

*\*There is a half-day pick up fee Mon-Fri between 2:00-4:00pm and Sundays 3:00 – 6:00pm  
Canines - \$25.80 Felines - \$19.65 INITIALS: \_\_\_\_\_*

**Pets Name:** \_\_\_\_\_ **Boarding Dates:** Drop off: \_\_\_\_\_ Pick up: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contact / Evacuation info (REQUIRED):**

**Primary Phone Number:** \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_

**DOGGIE DAYCARE (additional \$16.00 per day):** Circle day(s) you would like your dog to be in daycare:

**Week 1:** Mon Tues Wed Thurs Fri Sat **Week 2:** Mon Tues Wed Thurs Fri Sat

**MEDICATIONS (\$9.45 per day for medications/supplements. Additional charges apply for SQ fluids or Insulin)**

**\*\* Medications MUST be in the original container with a prescription label, or they CANNOT be given\*\***

*I have provided a written prescription for all medications and supplements to be given. I give permission to administer any provided tranquilizers/sedatives (i.e., CBD oil). INITIALS: \_\_\_\_\_*

*I consent to the administration of products not labeled for animal use (i.e., peanut butter, baby food, coconut oil) that I have provided. INITIALS: \_\_\_\_\_*

Medication	Quantity	# of times per day

Has your pet had medication(s) today? **YES NO** What kind?: \_\_\_\_\_ Next dose needed?: \_\_\_\_\_

**FEEDING**

Did you bring your own food? **YES NO** What kind?: \_\_\_\_\_

CUPS per day Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Next meal due?: \_\_\_\_\_

Does your pet have any food allergies? **YES NO** If yes, please specify?: \_\_\_\_\_

If applicable, do you prefer to have your pets kenneled together? **YES NO** Separated to feed? **YES NO**

*I understand and assume responsibility for all the risks associated with multiple animals in the same kennel. INITIALS: \_\_\_\_\_*

**BELONGINGS:** \_\_\_\_\_

**NOTICE:** Our facility requires a Bordetella vaccine to be given every 6 months. Please Initial that you have read and understand this policy **INITIALS:** \_\_\_\_\_ Owner approval for Bordetella vaccine to be given if needed. **INITIALS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**STAFF INITIALS:** \_\_\_\_\_