

STAFF INITIALS: _____

BOARDING HOURS:

Monday through Friday 7:45 am- 4:30 pm
Saturday 7:45 am- 11:00 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: Yes No Boarding: \$40.70/night - WITH DDC: \$53.70/night

***** HOLIDAY RATES *****
Holiday Boarding: \$47.55/night - WITH DDC: \$60.55/night
Add. Dog Holiday Boarding: \$42.30/night - WITH DDC: \$55.30/night

Additional Dog Boarding: \$35.45/night - WITH DDC: \$48.45/night

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

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: _____