



Boarding Form 2

Clients Name _____ Date _____
Pet's Name _____ Breed _____
Color _____ Age/Sex _____
Arrival Date: _____ Pick-Up Date: _____

Possessions _____

Medications/doses/last given: _____

Food and Feeding Instructions _____

(will be fed Science Diet Sensitive Stomach unless other food is provided.)

I wish to have my pet bathed the day of pick-up and there is ONLY AFTERNOON PICK UP **Yes** or **No**

I understand that if my pet arrives with fleas, a Capstar will be given at my expense. NO EXCEPTION! *Initial* _____

I understand that if my pet becomes anxious or agitated a mild sedative may be given to make their stay more comfortable. *Initial* _____

If my pet develops diarrhea while boarding, I give permission for fecal testing and treatment. **Yes** or **No** *Please call first #* _____

I understand the following vaccinations are REQUIRED for boarding and will be given at my expense if they are not current: *Initial* _____

Dogs - DHLPPV, Rabies, Kennel Cough, Canine Influenza

Cats - FVRCP, Rabies, Feline Leukemia (Cats must be Leukemia tested)

• I also understand that if I am unable to be reached at the contact numbers I have provided and a medical emergency arises <animal> will be treated at my expense.

Owner's Signature: _____ Date: _____

Emergency Contact Number(s): _____