



BOARDING INTAKE FORM

Client Name (Last, First): _____

Pet's Name: _____

Diet (type, amount): _____

AM ONLY PM ONLY AM & PM

We recommend that you provide your pet's regular food to help decrease the chance of gastrointestinal upset. Food must be in a **RESEALABLE** container. We will provide Hill's Science Diet Maintenance (kibble) otherwise.

Medications: MUST BE IN ORIGINAL CONTAINER AND LABELED. Medications are administered at a small fee of \$1.30 per treatment.

Pet Name: _____ Medication Name #1: _____

Instructions (amount, frequency): _____

Pet Name: _____ Medication Name #2: _____

Instructions (amount, frequency): _____

Pet Name: _____ Medication Name #3: _____

Instructions (amount, frequency): _____

Pet Name: _____ Medication Name #4: _____

Instructions (amount, frequency): _____

All pets will be checked for fleas at time of admittance

If fleas are found, treatment will be performed at owner's expense

Additional Services:

- Bath: YES NO
 - Baths include a brush out, nail trim, and ear cleaning
 - Costs range from \$54 - \$100 based on size and hair coat. Please contact us for specific pricing

 - Nail Trim Only: YES NO
 - \$24.00

 - Playtimes: YES NO
 - Playtimes are a great way for your pet to stretch his or her legs or socialize and meet new friends! We have a large fenced in area for dogs to play with others their size. If your cat or dog prefers lap time and ear scratches instead, they can spend one on one time with a member of our staff. *Playtimes are around 20-30 minutes and can be done twice a day most days. Please contact our office for pricing.*

 - How many playtimes would you like your pet to receive? _____
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Contact Information

Telephone number where you can be reached: _____

In the event we need to contact you during your pets boarding stay, will you be travelling within our timezone?

YES NO If no, which time zone will you be in? _____

Alternative contact method (i.e spouse, email):

Emergency Contact (this is a person who is authorized to make decisions about your pet if you cannot be reached):

Name: _____

Phone Number: _____