



Boarding Information

Date _____ Pet Name _____

Owner Name _____

Phone and contact (in case of emergency) _____

Feeding Amount

Medications

***Medications with Sedative Effects:** I give my permission to administer _____
for sedation purposes at the kennel staff's discretion. (owner signature) _____

Belongings

Prefer to Go Out Alone (Please Circle):

Yes (additional \$15 per day)

No (no additional charge)

Clinic Appointments

Additional Services while in boarding (Please Circle):

Nail Trim (\$18)

Anal Gland Expression (\$24)

Ears Cleaned (\$33)

In Case of Emergency or Illness (Please Circle):

Treat first then call

Call first then treat

Do not treat

Additional Info or Alerts:

Owner Signature: _____