



# Boarding Information

Dates of stay \_\_\_\_\_ Pet(s) Name(s) \_\_\_\_\_

Owner Name \_\_\_\_\_ Emergency contact \_\_\_\_\_

## Feeding Amount

\_\_\_\_\_

## Medications *\*additional charges apply for medication administration*

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

## Belongings

\_\_\_\_\_

\_\_\_\_\_

## Prefer to Go Out Alone (Please Circle):

Yes (additional \$15 per day)

No (no additional charge)

## Additional Services while in boarding (Please Circle):

Nail Trim (\$20)

Anal Gland Expression (\$30)

Ears Cleaned (\$33) *\*will require an exam for \$62 to determine what needs to be done*

## In Case of Non-Emergency or Illness (Please Choose):

*\*NOTE: ALL emergencies will be immediately treated by our medical staff and new clients will require a physical exam by a veterinarian.*

\_\_\_\_\_ Examine, but wait to treat until we speak

\_\_\_\_\_ Examine and treat, then call

\_\_\_\_\_ Do not examine or treat

***\*\* In Emergency situations, and I can't reached within ONE hour, I authorize up to \$ \_\_\_\_\_ in treatment costs\*\****

## Additional Info or Alerts:

\_\_\_\_\_

\_\_\_\_\_

Owner Signature: \_\_\_\_\_