

Pets Name: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_  
 Arrival Date: \_\_\_\_\_ Time \_\_\_\_\_  
 Departure Date: \_\_\_\_\_ Time \_\_\_\_\_  
 Wt: \_\_\_\_\_ Up to date on Vaccines? N / Y  
 Additional services during THIS visit:  
 Nail Trim: N / Y  
 Grooming/Bath: N / Y  
 Veterinary Services: N / Y

Rev 1/1/09 For Office Use Only  
 KT review \_\_\_\_\_ Cage # \_\_\_\_\_  
**Notes & Reminders**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal Possessions: (Label with pet's name, where possible)** *Please Note: we take all reasonable care of personal items you leave with your pet; however we cannot be held responsible for loss or damage. NO BEDDING CAN BE ACCEPTED - THANKS FOR YOUR UNDERSTANDING.* Check all that apply.

Collar/Leash: \_\_\_\_\_ Crate/Carrier Food\* Medication\*\*

Toys; list and describe: \_\_\_\_\_ Other \_\_\_\_\_

**\*Feeding/Diet:**  Dry Kennel Diet Own \_\_\_\_\_

# Daily Feedings: 1/day 2/day Free Feed  
 Amount at each feeding: \_\_\_\_\_

**\*\*Medication (if applicable)**

Please list any medications and heartworm preventative your pet will need **while boarding.**

DRUG	DOSAGE	TIMES per DAY	LAST DOSE GIVEN?
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**Special instructions or things we should know about your pet during their stay?** \_\_\_\_\_

Reasonable precaution will be used against injury, escape, or death of this/these pet(s). The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. I understand that any problem that develops with my pet(s) will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved. I understand that my dog will be vaccinated for kennel cough in accordance with CTAH vaccination protocol. In addition, I understand that pets admitted to the boarding facility with fleas/ticks will be treated at the client's expense.

**Client Signature:** \_\_\_\_\_

*\*Sunday pick up is available between 5:30pm and 5:45pm. Arrangements for this service must be made at arrival.*

**Emergency Contact Update:** Please update your emergency contact information. If possible, provide us with a way to reach you AND an alternate contact:

Owner's contact numbers: #1 \_\_\_\_\_ #2 \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone #1: \_\_\_\_\_ #2 \_\_\_\_\_