

Boarding Check in

____Cage ____Run

Owner's Name: _____

Pet's Name: _____

Today's Date: _____

Date of Pick-up: _____

Emergency Contact: _____

Phone #: _____

BATH	HAIRCUT
Date: _____	Date: _____

**All Grooming pets can be picked up AFTER 4:00pm.*

Extra Play Time (\$2.00 each): **1 Extra**
 2 walks/play are Included with boarding.
2 Extra

Food: **Clinic Food**
Own Food
 How Much _____ How Often _____

Medications _____

Instructions _____

Treatment Needed: _____

Doctor to Check: _____

Pet Belongings: _____

❖ Personal items such as toys, blankets, bowls and leashes brought with your pet are left at your own risk. Due to the volume of animals we have, the clinic can't be responsible for lost or damage to such items. Bowls and bedding are provided by the clinic during boarding.

Vaccination Policy

❖ To insure the protection of all pets under our care, the following must be up to date. I understand that if my pet is found not to be current on these vaccines, they will be administered here at my expense.

DOGS: Rabies, DHPP and Bordetella

CATS: Rabies and FVRCP

Signature

Date