



Boarder Admission Sheet

Please complete this form to submit to us at your pet's boarder check-in. A separate form must be filled out for **each** pet boarding. Thank you.

Client Name: _____

Email address: _____

Pet Name: _____

Is your pet on a special diet? Yes No If yes, what diet? _____

Have you brought your pet's food for us to feed? Yes No

How much do you feed your pet and how often? (i.e. once a day, twice a day, A.M. or P.M.): _____

Is your pet on any medications? Please list them and their dosages:

Does your pet have any allergies (food, medicine, etc.)? Yes No

Does your pet get along with other animals? Yes No

Is there anything you would like the doctor to check during your pet's physical exam?

Trim Nails Run Bloodwork _____

Update Vaccines Other _____

Check/Clean Ears _____

BOARDING CHECKLIST

Before you come in, be sure to have your pet's:

- Updated vaccine history
- Food and/or treats (if desired)
- Prescription diets or medications
- Special instructions
- 1 toy (if desired)
- Emergency contact information

Don't forget! Check out time is 10 A.M.!