**Boarding Check-In Form**

Please complete the entire form accurately so we can appropriately care for your pet(s).

**Boarding Pet’s Personal Belongings:**

While we do our best to return items left with your pet at time of discharge, occasionally items can be misplaced. Therefore, we cannot accept responsibility for belongings that are left while your pet is boarding. If items are left with your pet, please provide us with a **detailed** list below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Will you allow us to provide your pet with our own toys/blankets/bedding/etc. in the kennel during their stay here? Yes □ No □

\*\*May we use photos of you pet for social media purposes? Yes □ No □

**Boarding Pet’s Food:**

**Check one type of food:** In house I/d LF Diet $3 dollar per day fee □ Own food □

\*\*Own food (check type): Kibble □ Canned □ Both □

Feeding time(s) (check all that apply): AM □ PM □ Free feed (available at all times) □

Amount of food given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When did your pet eat last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health:**

**Any pre-existing medical problems we should be aware of? Any other things we need to know about your pet that would help us? (Afraid of thunder storms, fractious, separation anxiety, etc.) Please list :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Medications (including vitamins and supplements):**

**\*A $3.00 per day service charge will be applied for dosage of medications.**

Is boarding pet on medication? Yes □ No □

Has he/she had all of today’s medication(s)? Yes □ No □

1. Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Reason for using: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM □ PM □
2. Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	1. Reason for using: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM □ PM □
3. Name of medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for using: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM □ PM □

If your pet is on more than 2 medications, please continue list on the back of this page.

 **Owner initial here to confirm completion of this form \_\_\_\_\_\_\_**