

BOARDING DROP OFF SHEET

DATE: _____

OWNER: _____

PET: _____

1. Emergency number(s): _____

2. Would you like your pet (dogs only) to receive a bath while staying with us? (Ask receptionist for prices)
Bath _____ if yes, pick up **after 3:00 p.m.**

***Generally baths are given the morning of your pets' last weekday in the kennel. If there is a chance you'll be returning early, please let us know at the time of drop off so we may schedule a day better for you.

3. Did you bring your own food for your pet? _____
Does your pet have any special diet needs? _____
4. Did you bring any medications for your pet? _____ Please list all medications and their dosing schedule _____
5. Pick up and Drop off is between **8:00 a.m. and 6:00 p.m.** weekdays and **8:00 a.m to 1:00 p.m.** Saturday. Approximately what time will you be picking up your pet? _____
Who will be picking up your pet? _____
6. Any Special Requests?
7. All pets will be checked for fleas upon entering for boarding. If fleas are found, the pet will be treated at the owners' expense. Initial _____
8. We strongly urge you to not bring any bedding or toys for your pet. We have enough here for everyone! If you must leave any belongings please understand we are not responsible for any lost or damaged property. Initial _____

Doctor's Notes: If a medical problem is noted while your pet is staying with us, do we have your permission to examine and treat as necessary?

____ Yes, please proceed with any treatment deemed necessary by the on staff Doctor.

____ No, please contact me at above number before any treatment.

OFFICE USE ONLY-- Sent leash with owner _____ Kept leash here _____

PLEASE NOTE—ALL PETS MUST BE CURRENT ON ALL VACCINES. IF VALID RECORDS FROM A LICENSED VETERINARIAN ARE NOT PROVIDED AT TIME OF DROP-OFF, THE PET WILL BE VACCINATED AT THE OWNER'S EXPENSE.