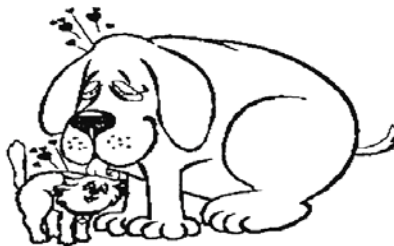


New Boarding Reservations



Owner's Name: _____ Pet's Name _____

Emergency Contact: _____ Multiple Pets: Together or Separate

For your pet's health and safety, we require current vaccinations for both dogs and cats to board. For dogs, these are DHLPPC, Rabies, and Bordetella (kennel cough). For cats, these are FVRCP and Rabies. If your pet is not current (vaccinated within one year), we would be happy to give the vaccinations today.

_____ I have provided proof of current vaccinations.

_____ I do not have proof of current vaccinations and would like for my pet to be vaccinated today.

Special Instructions: IN CASE MY PET BECOMES ILL WHILE BOARDING:

_____ I authorize treatment of my pet and agree to pay for any necessary treatments and medications.

_____ I prefer to be contacted at the above phone number before any treatments or medications are given.

My pet eats (please circle all that apply): Mornings, Evenings, or Free Choice (All Day)

I am pet foods are fine or I brought a special diet for my pet _____

Amount per meal: _____ Cup(s)

Please circle any items left with the pet: Collar / Leash Bedding Treats Carrier
Toys: Edible / Non-edible Food: Bag / Container

Medications to be given while pet is boarding (if any):

| Name | Dose | How often given | Time of last dose |
|----------|-------|-----------------|-------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

Other services requested while pet is here (Please ask receptionist for prices):

Veterinary services: Vaccinations, Examination, Surgery – Please notify receptionist
Bath (includes nail trim and anal glands if requested), Toenail Trim Only, Brush Only
Flea Treatment (controls fleas for one month)

Playtime (15 minutes): Number of sessions _____ (weekends subject to availability)

Pick up date and approximate time _____ (AM, PM, Late, Early)

(If pet is to be bathed, please pick up later in the day to allow time to dry.)

Pick up will be available during Regular Business Hours Only

Signature of Owner or Agent _____ Date _____

For my pet's protection, I understand that my pet will be checked upon arrival for external parasites and, if found, will be treated at my expense.

Date: _____ Emergency Contact: _____
Length of stay: _____ Food: _____
Playtimes (15 min): # _____ Items left: collar / lead carrier
Bath TNT Treat for fleas toys: edible / non-edible
Initials _____ bedding food
treats meds

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