



## BOARDING CHECK IN INFORMATION

Pet's Name: \_\_\_\_\_ Client Last Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_ Secondary Contact Phone #: \_\_\_\_\_

### Medical

Conditions/Medications: \_\_\_\_\_

\_\_\_\_\_

Food or Medication Allergies? \_\_\_\_\_

Is your pet experiencing any coughing, sneezing, vomiting or diarrhea? YES / NO

Is your pet's appetite decreased or abnormal? YES / NO

Is your pet's activity level decreased or abnormal? YES / NO

If YES to any of the above, or if you have any other concerns or issues that need to be addressed, please give details:

\_\_\_\_\_

\_\_\_\_\_

Your pet may require an examination to address the above issues, initial here to give consent for a doctor to examine your pet and administer treatment while they board with us (\$45.29) \_\_\_\_\_

Has your pet ever bitten a person or other animal? YES / NO

Does your pet eat or destroy non-food items? YES / NO

Does your pet ever jump fences or try to escape the house/yard? YES / NO

Diet Type: \_\_\_\_\_ DRY \_\_\_\_\_ CANNED OWN FOOD? YES / NO

Amount Fed: \_\_\_\_\_ Frequency: \_\_\_\_\_ Once per day \_\_\_\_\_ Twice per day

Personal belongings being dropped off with pet: \_\_\_\_\_

\_\_\_\_\_

Would you like your pet to have a bath on the day they check out? YES / NO

If YES, what time would you like to pick up? \_\_\_\_\_ AM / PM

I have reviewed and signed the boarding contract .

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date