

Animal General Boarding

Owner's Name: _____ Pet's Name: _____ Date: _____

In order to make your pet's boarding stay with us as comfortable as possible, it is important for us to know as much as possible about your pet's normal habits. Please help us by answering the following questions.

Food Needs

1. My pet likes to eat _____ food _____ times a day.

2. My dog is regularly walked _____ times a day.

3. My dog is paper trained *only* and doesn't need to be walked. Yes ___ No

4. I am leaving the following items with my pet:

A.

B.

C.

* Please note that pets are regularly moved between cages and may lose small toys left with him.
Please don't leave any valuable items with your pet.

Medication Needed

Is your pet on any medications? Yes _____ No

If yes, please name them: _____ Directions:

Directions:

Client Contact

I will be picking up my pet on _____.

Until then, I can be reached at _____

Please contact _____ at _____

if I cannot be reached in an emergency.

Are there any problems with your pet that need to be checked? (Exam fee is \$80)

List problems:

1.

2.

Do you authorize treatment if the doctor deems necessary? Yes _____ No

Do you want your pet bathed before discharge? Yes _____ No _____ (Additional fee applies)