

Dog and Cat Bed and Breakfast

Special Saturday & Sunday pick up/drop off time from 4:30 p.m. - 5:30 p.m. for a fee of \$9.00

BOARDING INFORMATION AND RELEASE FORM

Your Name _____

Pet(s) Name _____

Drop Off Date _____

Pick Up Date _____

Emergency Contact Number _____

E-Mail Address _____

Update Mailing Address & Phone (if applicable) _____

Required Medical Information

To better serve your needs and the needs of your pet(s), please take a moment to answer the brief questionnaire below:

Did you bring food? Yes No

Feeding Instructions _____

Please list any medications your pet is on and provide dispensing instructions (\$3.00/\$5.00 daily fee):

Medication _____ Once Twice Three times a day

Other instructions _____

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Other instructions _____

Medication _____ Once Twice Three times a day

Other instructions _____

Date of Last Flea & Tick Product Administered _____

Product Name _____ Topical Oral

Vaccines to be updated while boarding: **YEARLY WELLNESS EXAM REQUIRED FOR PRESCRIPTIONS**

CANINE: RABIES DHPP BORDETELLA LEPTO INFLUENZA H3N2/H3N8 WELLNESS EXAM

FELINE: RABIES FVRCP LEUKEMIA WELLNESS EXAM

Services for Your Convenience: PLEASE NOTE THAT ADDITIONAL FEES MAY APPLY. FEEL FREE TO INQUIRE.

Pedicure (nail trim) Anal Gland Expression Bath

Other medical services to be performed _____

Special Instructions/Personal Items:

ALL FEES ARE TO BE PAID AT THE TIME SERVICES ARE PERFORMED

The undersigned authorizes Drs. Smith, Dunaway, or Lockwood, to administer required vaccinations, treatment for parasites and emergency treatment as deemed necessary. If upon arrival fleas/ticks are noted by the staff, we will administer a product appropriate for eat pet. The boarding cages/runs are cleaned at least twice a day (and often more than twice), the slight possibility exists that personal items may be returned soiled at some point. I expect the staff to do their best to return any personal items in good condition, but understand this cannot be guaranteed.

I HAVE READ AND FULLY UNDERSTAND THIS ENTIRE FORM:

Signature _____ Dated _____