

Boarding Information Form

Client Name: _____ Pet Name: _____

Canine ☐ Feline ☐ Other ☐ : _____

Check In Date: _____ Check Out Date: _____

Do you administer a flea preventative? Yes ☐ No ☐

Name of preventative: _____

Date Last Administered: _____



**Arlington Heights
Animal Hospital**

Feeding Instructions:

We feed Purina ProPlan EN (or a similar high quality food) to pets while boarding. You may use our food or bring your own. Will you be providing food for your pet while boarding?

Yes ☐ No ☐

Please fill out feeding instructions whether bringing your own food or using ours:

Name of Food:	Amount:	Frequency:	Last Time Fed:

Medication Instructions:

Is your pet on medication?: Yes ☐ (if yes, you must complete section below) No ☐

NOTE: There is a daily charge of \$5.00 for administering medications while boarding.

Medication:	Directions:	Last Time Administered:

Please complete form on other side →

Additional services requested during stay:

NOTE: We can do these extra services during your pets stay for an additional charge. Services will be performed the day before go home date.

☐ Fecal ☐ Urine Test ☐ Ear Cleaning ☐ Nail Trim ☐ Anal Gland Expression

☐ Other : _____

If your **dog** is boarding with us for **more than one night**, a complimentary bath will be done the day before the scheduled release date.

Complimentary Bath ☐ NO Bath ☐

Please list any items brought with your animal today:

Sign: _____ Date: _____