

Park Ur Paws

Boarding Release Form

Owners name: \_\_\_\_\_ Date of Check in: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_ Expected Check out date: \_\_\_\_\_

Emergency Contact and Phone #: \_\_\_\_\_

Veterinarian Name & Phone # where vaccinated: \_\_\_\_\_

Is your pet on a special diet? \_\_\_Y \_\_\_N Name of Food: \_\_\_\_\_

Amount Given: \_\_\_\_\_ Feeding Schedule: \_\_\_\_\_

Did you bring any personal items (blanket, toys, treats, etc.)? \_\_\_Y \_\_\_N

If so, describe them: (we are not responsible for damaged or lost items) \_\_\_\_\_

If an upgrade is available would you like to upgrade? (fees apply) \_\_\_Y \_\_\_N

Does your pet require medication while here? \_\_\_Y \_\_\_N

If so Name of Medication and reason for it \_\_\_\_\_

\_\_\_\_\_ How many times \_\_\_\_\_

Amount given \_\_\_\_\_ Time of last dose \_\_\_\_\_

Would you like to get a professional grooming for your pet before departure? \_\_\_\_\_

(basic departure bath is required at owners expense and includes ( bath, brush and ear cleaning)

Would you like your pet to go to daycare? \_\_\_\_\_ If so what days (fees apply)

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat

Would you like any extras? (fees apply) ( one on one, nail trim, ice cream etc.) \_\_\_\_\_

Is there anything behavioral medical or otherwise that we would need to know about?

\_\_\_\_\_

Release & Requirements

1. All pets must be current on vaccinations and must provide written proof from a veterinarian. No self administered shots are accepted. Pets must be a minimum of 3 months of age. Shot must have been given at least one week prior to their stay here.

2. Pets must be free of fleas and ticks and be on a preventative. If fleas and ticks are found present at time of check in owner will be responsible for treatment.

