



T 281-648-7387 F 281-605-1937

BOARDING TREATMENT AND SERVICES

Client Name: _____ Pet Name: _____
Contact Number: _____ Dates of Stay: _____

Please list any health issues or concerns (seizures, blindness, deafness, etc)

FOOD: (Circle One) PERSONAL (own) or HOSPITAL*
*No additional charge for hospital food

If bringing personal food, please only provide enough for the pets stay plus one day extra. Make sure that your pet's name is on the food and it is in a Ziploc bag or sealed container.

NO LARGE DOG FOOD BAGS

FEEDING FREQUENCY PER DAY (circle one): AM PM BOTH
(If you feed your pet 3 times/day please let us know)

AMOUNT FED _____ CUPS (per feeding)

If 2 or more pets in one kennel, do they need to be separated to feed (circle one)? Yes or No
If yes, \$5.00 daily fee will be added for pet that will be separated

HAS YOUR PET BEEN FED TODAY __ YES __ NO

MEDICATIONS: Is your pet on any meds? (circle one) YES or NO
Has pet been medicated today YES or NO If yes, WHAT TIME _____

All medications must be in the original container, with a prescription label
List all medications and instructions

Table with 2 columns: Medication/Instructions, Time (AM NOON PM)

*A \$6.00 Medication Administration Fee will be charged daily to administer medications to your pet

List and describe personal belongings

BATH (circle one): YES or NO (\$30-\$80) - ready after 3pm day of departure

Pets are bathed on day of departure. Baths are only given Tues-Thurs.

Price for bath is based on weight and coat length

Nail Trim Only (without bath): Yes or No Regular or Dremel

Is your pet known to: (1) jump/scale fences? Yes No (2) chew through leashes Yes No

Table with 4 columns: Service, Price, Service, Price