

Boarder Information

Client Name: _____

Pet Name: _____

Dates Staying: _____ - _____

Were any treats or toys brought? _____ Yes _____ No
If so, what kind, how much, etc?

Feeding Instructions: (Circle One) Hospital _____ Own _____
How much food _____ Number of times per day _____

When did you last apply a flea and tick preventative to your pet? _____

Which product did you use? _____

Do you need to purchase more? _____ How many? _____

Were any medications brought? _____ Yes _____ No

When do we need to start giving medication _____

Time last dose was given _____

Medication Instructions:

Name of Medication: _____

How much: _____ How often: _____

Exact amount for boarding? _____ Yes _____ No

Refill Needed _____ Yes _____ No

Emergency Contact Number:

Name & Relations:

Any additional information?