

## Boarding Admission Form

The best care of your pet while they are boarding with us is very important. Please take a few minutes to fill out this form so we can be certain they are receiving any special medications, diet, or other treatment needed during their stay.

Your name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_

Drop off date: \_\_\_\_\_ Pick up Date: \_\_\_\_\_ Pick up Time: \_\_\_\_\_

### Feeding Instructions:

Food-yours or Acredales: \_\_\_\_\_ Amount to feed: \_\_\_\_\_ Frequency: \_\_\_\_\_

Treats: \_\_\_\_\_

**Medication:** Does your pet require any medications or treatments? No \_\_\_ Yes \_\_\_ If yes, please list.

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Time Last Administered</u>
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

On Sundays and holidays, medications will be given a maximum of twice daily.

**Health problems:** Does your pet have any recent or chronic health concerns we should be aware of while boarding?  
No \_\_\_ Yes \_\_\_ If yes, please explain.

Any medications filled or other services needed while here? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes please explain.  
If vaccines are needed physical examination charges may apply

**Grooming:** Have you scheduled your pet to have a hair cut (Yes No) and/or bath (Yes No) prior to going home?  
Further grooming instructions: \_\_\_\_\_

**Boarding policies:** We do not place personal items such as blankets, towels or toys in with your pet. We can not always supervise all pets so we do not feel comfortable leaving them with chew toys. Milkbones and other food treats are acceptable. Your pet will be provided with fresh linens at least once daily or more often as needed. If our boarding staff observes your pet having any problems while here it will be brought to the attention of a doctor. If necessary your pet will be examined by a doctor and appropriate treatment and diagnostics initiated. We will contact you when possible before performing diagnostic tests. If your pet is found to have any fleas we will apply Advantage. You will be financially responsible for any medical treatment or diagnostics performed on your pet while they are boarding.

### Emergency Information:

Phone numbers \_\_\_\_\_ Name (if not same as above) \_\_\_\_\_

Please indicate by your signature that you have read and understand the above information, and that the information is correct.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Acredale Use:

Verified form? F/b f/g in computer (OTC/Grooming Salon)? Lg kennel saved? New? Have someone check for matts, grooming instructions? Initials \_\_\_\_\_