

Boarding Admission Form

Owners Name:	Date:	Pet's Name
Phone numbers to contact you:	Er	nergency contact person:
Relationship:	Phone nur	mber:
Pick up date:	Time:	Please notify us if your plans change
Did you bring your own food?	Yes No	Feeding instructions:
Any known allergies?Yes	No What?	
Describe any medical/health conditions we should be aware of: (i.e. Seizures, heart condition, hip problems, ect)		
Medications and instructions		
ADDITIONAL SERVICES REQUESTED AT AN ADDITIONAL CHARGE		
Bath, nail trim		
Physical exam / specify problem		
Update vaccinations and tests as needed		
I choose for my pet (Canine's ONLY) to receive a Nexgard, instead of Capstar, for his/her flea/tick control.		
Nexgard last for 1 month for flea/tick control. The charge is \$24.00 - \$26.00 (depending on weight of pet).		
I choose for my pet (Dogs & Cats) to receive Capstar , instead of Nexgard or Revolution, for his/her flea control.		
Capstar does NOT have a lasting effect. The charge is \$9.00 - \$10.00(depending on weight of pet).		
OWNER RELEASE		
are unavoidable in boarding kennels, such a I understand that in the event of my pet's ill problem and treatment options, but may non treatment in life threatening situation until IPlease treat my pet as required, you nPerform only emergency and supportDO NOT perform any diagnostics and I understand all boarding pets will receive	as but not limited to we mess, the staff will in the able to contact many agent or I can be seed not to call medive care. Notify me for treatment until I the an oral flea treatment.	
Signature		Date