

Recep check in \_\_\_\_\_

KT check in \_\_\_\_\_

Sunday pick up? \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Wt: \_\_\_\_\_ Vaccines current? Y N

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional services during THIS visit: Nail Trim: \_\_\_\_\_ and/or Bath by Tech: \_\_\_\_\_ Date: \_\_\_\_\_

Services by GROOMER \_\_\_\_\_  
Instructions \_\_\_\_\_ Grooming Date \_\_\_\_\_ P/U Date & Time \_\_\_\_\_

Veterinary Services/Comments: \_\_\_\_\_

**Items left with boarder at check-in: (Pet owner – Please label with pet's name)***Please Note we take all reasonable care of personal items you leave with your pet; however we cannot be held responsible for loss or damage. In order to ensure that your pet's area is clean and dry, we cannot take in bedding from home.*

Please list and describe each item.

Food: \_\_\_\_\_ Bags/Containers (color): \_\_\_\_\_

Collar(describe): \_\_\_\_\_ Leash (describe): \_\_\_\_\_ Crate/Carrier (color): \_\_\_\_\_

Toys/Other (describe): \_\_\_\_\_ Medication: \_\_\_\_\_

**Diet:** CTAH Dry Kennel Diet \_\_\_\_\_ Other: \_\_\_\_\_# Daily Feedings (check one): 1/day \_\_\_\_\_ a.m. p.m. 2/day \_\_\_\_\_ Free Feed \_\_\_\_\_  
Circle one**IMPORTANT - Amount at each feeding:** \_\_\_\_\_ When was your pet last fed? \_\_\_\_\_**Medication (if applicable)** Complete only if your pet is to receive medication during his/her stay with us.

Please list any medications your pet will need while boarding.

DRUG	DOSAGE	TIMES per DAY	TIME OF MOST RECENT DOSE
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Add'l meds or special instructions: \_\_\_\_\_

Is it safe to put blankets in with your pet? Y N Comments: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If possible, provide phone number(s) to reach you: \_\_\_\_\_

Reasonable precaution will be used against injury, escape, or death of this/these pet(s.) The clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. **I understand that any problem that develops with my pet(s) will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.** I understand that my dog will be vaccinated for kennel cough in accordance with CTAH vaccination protocol. In addition, I understand that pets admitted to the boarding facility with fleas/ticks will be treated at the client's expense. Client may be asked to pay in advance for stays over 4 days.

**Client Signature:** \_\_\_\_\_