**BOARDING FORM**

CLIENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PET’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART I – FEEDING AND SERVICE NEEDS

 I WILL PICK UP MY PET ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DAY/DATE) AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(TIME)

 I BROUGHT MY PET’S OWN FOOD **PICKING UP AFTER 12:00 PM ADDITIONAL $15.00**

 MY PET IS ON A SPECIAL DIET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MY PET EATS (please circle one) AM ONLY PM ONLY AM AND PM AT WILL

 MY PET EATS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AMOUNT)

 MY PET’S NEXT FEEDING IS AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DATE/TIME)

 MY PET NEEDS A BATH, BRUSH OUT AND NAIL TRIM \*\*If having a bath, pick up between 4-6 PM please.

 I AM LEAVING THE FOLLOWING ITEMS WITH MY PET (USE SPACE PROVIDED BELOW FOR ITEMS) ALTHOUGH

 WE TRY TO MAKE SURE YOUR PET GOES HOME WITH WHAT HE/SHE CAME WITH, WE ARE NOT RESPONSIBLE

 FOR LOST ITEMS OR ITEMS LEFT HERE WHILE BOARDING.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 PLEASE SEE SPECIFIC NOTES ABOUT MY PET BELOW (USE SPACE PROVIDED FOR NOTES)

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PART II – MEDICATIONS

 MY PET IS ON MEDICATION (PLEASE SPECIFY MEDICATIONS, DOSES AND WHAT THE NEXT DOSAGE

 TIME IS (ADDITIONAL ROOM ON THE BACK)

 MEDICATION INSTRUCTIONS TIME NEXT DOSE DUE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PART III – EMERGENCY INFORMATION

 Two emergency numbers that I can be contacted at are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature Date