



## **BOARDING ADMISSION FORM**

Owners Name: \_\_\_\_\_

Emergency Contact #1 (Name and Phone Number): \_\_\_\_\_

Emergency Contact #2 (Name and Phone Number): \_\_\_\_\_

**A LOCAL EMERGENCY CONTACT MUST BE LISTED AND AVAILABLE TO PICK UP YOUR PET IF AN EMERGENCY ARISES. THEY WILL ALSO NEED TO BE AUTHORIZED TO MAKE MEDICAL DECISION ON YOUR BEHALF IF WE ARE UNABLE TO CONTACT YOU.**

CHECK IN DATE: \_\_\_\_\_ CHECK OUT DATE: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Medical Conditions/ Medications: (\$10 medication administration fee per day)

Are there any medical conditions that we need to be aware of?

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

Medications to be given: Medication: \_\_\_\_\_ Directions: \_\_\_\_\_

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**ALL MEDICATIONS MUST BE IN ORIGINAL PACKAGING WITH THE INSTRUCTION LABEL. PLEASE BE AWARE THERE IS A \$10 DAILY MEDICATION ADMINISTRATION FEE.**

Diet Instructions (please mark one): ☐ Our food - Purina EN ☐ Client provided diet

Would you like us to add a probiotic into your pet(s) food to PROACTIVELY PREVENT stress diarrhea? Keep in mind, we will administer probiotics during your pets stay if diarrhea occurs, at your expense. ☐ Yes ☐ No

Feeding Instructions:

\_\_\_\_\_

Personal Items being left with your pet: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_