

**ABOVE AND BEYOND PET CARE HOSPITAL AND PET RESORT  
PET RESORT ONLINE BOARDING FORM**

CLIENT INFORMATION	PET INFORMATION
NAME: _____	NAME: _____
ADDRESS: _____ _____	Breed: _____
Cell NUMBER: _____	Sex: _____
Boarding Date: _____ Through _____	Color: _____
	Age: _____

<b>Reminders Due:</b>  <b>PLEASE CALL ABOVE AND BEYOND TO SEE IF YOUR PET MEETS ALL THE REQUIREMENTS FOR BOARDING. THERE WILL BE ADDITIONAL FEES ASSOCIATED WITH UPDATING YOUR PETS BOARDING REQUIREMENTS.</b>  Approval by Customer: _____	<b>FEEDING INSTRUCTIONS:</b> <i>Circle One: Personal / Clinic</i> Amount: _____ Feeding times: _____ <i>Treats okay to give: YES / NO</i> <i>In case of emergency: CPR / DNR</i>
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<b>MEDICATIONS:</b> (\$2.00/ADMINISTRATION) 1.MEDICATION: _____ AMOUNT GIVEN: _____ TIME ADMINISTERED: _____ 2.MEDICATION: _____ AMOUNT GIVEN: _____ TIME ADMINISTERED: _____ 3.MEDICATION: _____ AMOUNT GIVEN: _____ TIME ADMINISTERED: _____ <b>SPECIAL INSTRUCTIONS:</b>  	<b>Add-On Services:</b> (check all that apply) <input type="checkbox"/> Exit Bath(\$12.00-\$40.00) <input type="checkbox"/> Nail Trim (\$18) <input type="checkbox"/> Quick brush out (\$23) <input type="checkbox"/> Frozen Yogurt (\$3.42 ea.): qty___ <i>dogs only</i>  Group Play: <input type="checkbox"/> 1/day-\$8.00 <input type="checkbox"/> 2/day- \$15.00 qty___ One-on-One time: <input type="checkbox"/> 1/day (\$11.00) qty___ <input type="checkbox"/> 2/day (\$18.00) qty___ Group Daycare: <input type="checkbox"/> Full Day <input type="checkbox"/> ½ Day 1-On-1 Daycare: <input type="checkbox"/> Full Day <input type="checkbox"/> ½ Day
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**All animals must be current on vaccinations and free of external parasites or they will be treated at the owner's expense. Charges are per night basis. Pets are only released during resort hours.**

I hereby authorize the veterinarian to examine, prescribe for, or treat \_\_\_\_\_ if a medical situation should arise, including if desired, anesthesia. I assume responsibility for all charges incurred in the care of \_\_\_\_\_. I also understand that these charges will be paid at the time of \_\_\_\_\_'s discharge and that a deposit may be required. In case of nonpayment, I understand that finance charges will be assessed and I am responsible for any fees required to collect payment. **I have read the foregoing, understand what it says, and agree.**

It is okay to post photos of \_\_\_\_\_ on Above & Beyond Pet Care Hospital Website & Facebook pages  Yes  No

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

Emergency Phone # \_\_\_\_\_

Check-out Date: \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.

**PERSONAL BELONGINGS**(please list all belongings being brought to our facility and make sure they are labeled with your pets name)

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