

BOARDING DROP OFF FORM

TODAYS DATE ____ / ____ / ____

PICK-UP DATE ____ / ____ / ____

PET NAME _____

CURRENT DIET (BRAND) _____ AMOUNT PER FEEDING _____

HOW OFTEN DO YOU FEED YOUR PET? AM AFTERNOON PM

EMERGENCY CONTACT NUMBER or E-MAIL _____

DOGS WILL BE BATHED PRIOR TO PICK-UP, AND WILL BE READY TO GO AFTER 2:00 O’CLOCK.

WHAT TIME WOULD YOU LIKE TO PICK-UP? _____

DOES YOUR PET TAKE MEDICATIONS? YES NO

IF YES, PLEASE LIST MEDICATIONS:

MEDICATION & DOSING INSTRUCTIONS

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

*****PLEASE LIST THE ITEMS YOU BROUGHT SO THAT WE ARE SURE TO SEND THEM HOME WITH YOU*****

TOYS? YES NO _____

LEASH? YES NO _____

BEDDING? YES NO _____

OTHER COMMENTS: _____
