

## **Boarding Drop-Off Consent Form**

Client's Name	Pet's Na	Pet's Name	
	Pick Up Date		
	Emergency Contact Inforr	nation	
Name	Name Phone Number		
Name	Phone Number _	Phone Number	
Name	Phone Number		
<u> </u>	here is NO pick up service on weeke	ends and holidays.	
	Standard Fees:		
Dogs 0-25lb \$	11/night   Dogs 25-50lb \$16/night		
	Dogs 76-100lb \$20/night   Dogs +:	101lb \$21/night	
	Cats \$14.00/night		
	pet require any medication during thing the instructions?		
Di	d you bring your pet's own food? (cir	rcle one) Yes No	
How often does your pet eat?_	How much	do you offer at each feeding?	
	'e feed dry Purina E/N if you do not bi		
Does	your pet have any known allergies?	(circle one) Yes No	
Can yo	our pet have blankets/toys in kennel?	? (circle one) Yes No	
List all personal belongings	left with your pet		
Any Special instructions	?		
Would you	like your pet to have a bath before le	eaving? (circle one) Yes No	
	If yes, please pickup after 1:00 to	allow drying.	
PLEASE INITIAL:			
	ency or illness while boarding, we wi	ill treat your pet for illness at your expense. We	
want to keep all pets healthy.			
Your pet needs to be curr	rent on all vaccinations and free from	n internal and external parasites. This policy	
protects your pet as well as other	animals. If your pet is not current on	vaccinations or shows signs of any parasites,	
these treatments will be done at y	your expense.		
Printed Name	Signature of Owner or A	Authorized Agent	
	Preferred Contact Met		
email:	text:		