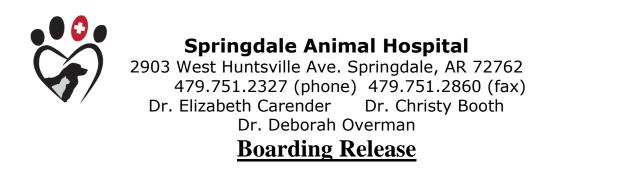
Checked In By: _____



Please fill out for your pet's boarding visit. You may fax it back to 479-751-2860 or bring it with you at the time of your appointment.

Pet's Name:	
Pick-up Date: $\Box AM \Box PM$ Please call ahead if you need to pick up early so that we may ensure any needed treatments are completed and your pet's file is ready. This	
Please call ahead if prevents a delay at p	
Your pet	is due for the following:
or ticks, they are "indoors of the product's	as a "NO FLEA OR TICK" policy. If your pet is examined and found to have fleas will be treated. The cost ranges from \$7.50 – \$20.00 per dose per pet. Even pets that only" can present with fleas. If your pet is on a monthly flea/tick control, please list name and when it was last given. e:Last Given:
	boarded must be FULLY VACCINATED within the last year. Proof of vaccination red. If your pet is not current on their vaccinations, we can vaccinate them at the sion.
nutritional ne	cience Diet Maintenance dry food during their stay. If your pet has a special eds, please consult with our receptionists. DAILY MEDICATIONS, IF NEEDED, VEN AT A NOMINAL COST.
	be a stressful time for your pet. Gastrointestinal upsets or other problems can pet should have a problem while boarding, do we have permission to treat your
PLEASE CHO	OOSE ONE: I do authorize treatment
	I do not authorize treatment
City of Spring	chip your pet for \$35.00 Yes No gdale and Fayetteville require this! structions or medications that need to be given?
Any personal	belongings?
Please list the	amount and times your pet is currently fed:
Please list per	sons authorized to pick up your pet:
Emergency Co	ontact Phone Numbers:Date:
Signature:	Date:
	not responsible for any lost or damaged items left with your pet while your pet is
boarding. WE	DO NOT OFFER SUNDAY PICK UP TIMES. Free baths and nail trims are

offered after 5 nights of boarding.