

Boarding

Date in: _____

Date out: _____

Contact Phone #:(____)_____

Pet Name(s)_____

Please remember all boarded pets must be updated on all vaccinations. We can update vaccinations if necessary. If you have had vaccinations for your pet from elsewhere, please provide proof of vaccination status. We enforce this rule to ensure the safety of your pet(s) and that of all other resident pets.

____My pet is up to date on vaccination

If so please indicate what shots were last given, dates and what clinic did them_____

Would you also like us to...

Give your pet a bath

Yes___ No___

Perform a nail trim

Yes___ No___

Check teeth for dental disease (no cost)

Yes___ No___

Perform hair trimming/de matting

Please Specify_____

Yes___ No___

Owner Responsible/Agent