

## Boarder Information

**Client Name:** \_\_\_\_\_

**Pet Name:** \_\_\_\_\_

**Dates Staying:** \_\_\_\_\_ - \_\_\_\_\_

Were any treats or toys brought? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, what kind, how much, etc?

Feeding Instructions: (Circle One) Hospital \_\_\_\_\_ Own \_\_\_\_\_  
How much food \_\_\_\_\_ Number of times per day \_\_\_\_\_

When did you last apply a flea and tick preventative to your pet? \_\_\_\_\_

Which product did you use? \_\_\_\_\_

Do you need to purchase more? \_\_\_\_\_ How many? \_\_\_\_\_

Were any medications brought? \_\_\_\_\_ Yes \_\_\_\_\_ No

When do we need to start giving medication \_\_\_\_\_

Time last dose was given \_\_\_\_\_

Medication Instructions:

Name of Medication: \_\_\_\_\_

How much: \_\_\_\_\_ How often: \_\_\_\_\_

Exact amount for boarding? \_\_\_\_\_ Yes \_\_\_\_\_ No

Refill Needed \_\_\_\_\_ Yes \_\_\_\_\_ No

Emergency Contact Number:

Name & Relations:

Any additional information?