



**Boarder Information**

**Owner Name:** \_\_\_\_\_

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

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

**Personal Belongings:**

Were any treats or toys brought? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If so, what kind? Amount?

Would you like to receive text message updates while your pet is here? Y or N  
With photo? Y or N

Cell number we should use:  
\_\_\_\_\_

How often would you like a text?  
Every Other Day  
OR  
Once during their stay

This service is not available on the weekends

**Feeding:**

Feeding instructions (Circle one):      Hospital Food      Own Food

How much food? \_\_\_\_\_ Number of times per day: \_\_\_\_\_

Specifics:

**Flea Prevention:**

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

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

Do you need to purchase more? \_\_\_\_\_ If so, how many? \_\_\_\_\_

**Medications:**

Were any medications brought? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please list medications and instructions (what kind, dosage, how much, how often, etc.):

When do we need to start administering the medication? \_\_\_\_\_

Did you bring the exact amount of medication needed while boarding or the entire prescriptions? \_\_\_\_\_

Any refills needed? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Emergency Contact(s):**

Name & Relations:

Contact Number(s):

**Additional Information:**