

## **Boarding Admission Form**

Date:			
et's Name: Client's Name:			
Approximate Pick-Up Date:			
file at the time of boarding or they will be ad	nd free from fleas. Proof of vaccinations must be on ministered upon admission.		
	pen on Sunday from 5-6 PM for pick ups only. If that day.		
Special Services T	o Be Performed		
Boarding is a great opportunity to have necessary and r your pet is in our care. Please select those you wish to r	recommended services performed conveniently while		
Clean- up Bath & ear cleaning (\$15 for <25lb	s, \$20 for 25-80lbs, \$25 for >80lbs)		
Nail Trim \$7 <b>OR</b>			
Nail Dremeling \$12			
Anal Glands Expressed (Must be done with a	Clean-up bath) \$10		
Daycare (playtime with other dogs during bo	arding) \$5/day		
One on One Playtime with Kennel Staff \$5			
Cot Rental \$2/day			
Catnasium Playtime (cats only) \$4.20 per tim	e		
ADAPTIL Collar (diffuses calming pheromone	s during boarding) \$35-\$36 (Small/Large)		
Feeding Instructions			
Did you bring your own food? : Yes / No			
How many feedings per day? : AM / PM			
How much per feeding? :			
Other instructions:			
Prescription medications to be given: A \$2 charge per a	·		
Medication 1:			
Medication 3:			
This is to certify that I have read and understand the b page of the form.	oarding policies and information on the second		
Signature of Owner/Agent:	Date:		
Emergency Contact:	Phone:		