



PET BOARDING FORM

Owner's Name: _____ Pet's Name: _____
Phone Number: _____ Arrival Date: _____ AM/PM
Address: _____ Pick Up Date: _____ AM/PM
Emergency Contact Name/Number: _____

Type of Animal Boarding: _____ dog _____ cat Rate \$_____ per day

Payment for Services: cash _____ check _____ credit card _____ visa/ master card

VACCINES ARE REQUIRED FOR BOARDING:

We cannot board pets unless vaccines are current. We will administer and charge accordingly if not up to date:
Dogs: Rabies, Bordetella Cats: Rabies

Would you like any additional services? There will be an additional charge for these services.

Bath _____ Anal Gland Expression _____ Nail Trim _____ Other Services _____

DIET:

How much and when does your pet eat: _____

Special Feeding Instructions: _____

MEDICATIONS:

My pet receives the following medications:

MEDICATION: _____ **AMOUNT:** _____ **FREQUENCY:** _____

MEDICATION: _____ **AMOUNT:** _____ **FREQUENCY:** _____

MEDICATION: _____ **AMOUNT:** _____ **FREQUENCY:** _____

Did your pet receive its medications before boarding with us today? Y or N

Permission to treat your pet should any medical condition arise: Yes or No

PERSONAL BELONGINGS:

Please check any personal belongings you are leaving with your pet: collar _____ leash _____ blanket _____ towel _____
toy _____ food or water bowl _____ other _____

I understand that the Animal Ark of Arcadia does not provide 24 hour supervision. I understand my pet must be up to date on all vaccinations to board at our facility. Any external parasites (fleas/ticks) will be treated immediately. I understand that I am financially responsible for any cost associated with vaccinations or external parasite treatment and that this payment is due upon discharge. In the event of an emergency, the veterinarian and staff at Animal Ark of Arcadia will do everything in their power to reach me by the phone numbers I left above. In the event I cannot be contacted (nor the emergency contact listed above), I understand that the appropriate treatment will be given to my pet and I assume financial responsibility for this care.

Signature: _____ Date: _____