

Boarding Information Sheet



Pet's Name: _____

Diet Information:

What kind of food does your pet eat? _____

How much food do you feed per meal? _____

How many meals per day do you feed? _____

What time do you usually feed their meals? _____

Will you be bringing any treats with you? _____

If so, what quantity of treats does your pet get each day? _____

Medication Information:

Is your pet on any medication? YES / NO

Medication Name	Concentration	Dose (amount given)	Time(s) Given	Given dose yet today?
				Y / N
				Y / N
				Y / N
				Y / N
				Y / N

Special Instructions:

Is there anything you think we should be aware of to help us better care for your pet while you are away?

Please Bring with You: Your Pet's Food, Treats & Medications

Please DO NOT Bring*: Blankets, Beds, Toys, Balls, Bones, Bowls, Leashes or Travel Bags.

* We are happy to provide your pet with comfy bedding and everything they will need to enjoy their stay.

Boarding Admission and Authorization for Treatment If Required

I, _____ am the owner/agent of the above mentioned pet. Should my pet require medical attention while boarding, I authorize the following:

OPTION ONE:

Please attempt to contact me at the included phone numbers. If I am unavailable, proceed with required procedures and/or medications to a maximum of **\$100 / \$200 / \$500** plus HST (please circle one). I understand that my pet will receive a complimentary examination by a Veterinarian, and that I am responsible for the cost of any further treatment and / or medication.

Owner/agent Signature: _____

OPTION TWO:

I will be reachable at the included phone numbers while away, and if I cannot be contacted, I do **NOT** authorize any treatments or procedures be performed and/or any medications dispensed. I understand that if the Doctor identifies a problem with my pet and I am not available to authorize, my pet will not be treated, and my pet may have to return to the hospital for treatment upon my return.

Owner/agent Signature: _____

Phone numbers I can be reached at while away:

Primary: _____

Alternate: _____

Email: _____