



1044 Corporate Park Dr. Forest, VA 24551
Phone (434)525-2111 Fax (434)525-9601
Business Hours: Mon. - Fri. 8 am-6pm/ Sat. 8 am-12:30 pm

BOARDING INFORMATION FORM

Client's Name: _____ Date _____

Pet's name _____ Dog Cat Other _____

_____ Dog Cat Other _____

Date your pet will be picked up _____ AM PM

Phone numbers where you may be reached in case of emergency _____

Every attempt will be made to reach the above listed individuals prior to initiation of emergency care.

May we release your pet to another person? Yes No Name _____

If yes, please make payment arrangements in advance.

The following information regarding your pet is very important for us to know:

Did you bring your pet's own food? Yes No (If not, additional \$5 fee for kennel supplied food.)

Has your pet been fed today? Yes No

How often do you feed your pet? _____

How much do you feed your pet at each feeding? _____

Is your pet on any medication? Yes No

If so, please list: _____

When was your pet last medicated? _____

If needed, our trained staff will administer medications safely and accurately as your pet may require, for a nominal daily fee.

Bath? Yes No

Are there any other services you would like us to perform while your pet stays with us?

Yes No If so please explain: _____

Please rest assured, we will do our very best to care for your pet while you are away. Your signature below authorizes us to medically treat your pet, as professionally required, should we be unable to contact you in the event of illness or injury and your acceptance of any fees incurred in treatment.

OWNER'S SIGNATURE _____