

Check-In

Owner's Name: _____

Pet (s) Name: _____

Owner's Contact Number: _____

2nd Pet Name: _____

Pick-up Date: _____

Pick-up Time: _____

Would you like your pet to have a **bath** on the day of departure? **Please circle one: YES or NO**
(price range is between \$25 - \$75 depending on the size of the dog)

If you would like to add your dog to our **PLAYcare WAITLIST**. Please circle desired days. (\$10 per day).

Monday Tuesday Wednesday Thursday Friday

PLAYcare is 3 hours a day for your pet to play inside/outside with other furry friends, provided they pass a temperament test & continue to get along with others.

Feeding Instructions:

When is your pet fed? Breakfast _____ Amount of food per feeding: _____
Lunch _____
Dinner _____
Free Choice _____ (Food is put down in AM and left until 8PM)

There will be a charge if your pets food has not been separated per meal (initials) _____

Name of flea preventative given: _____ Date last given: _____

(Please note: if you leave this blank, your pet will be given a flea preventative at your expense)

If your pet has loose stool we will contact Dr. Bohanon for medication (initials) _____

Does your pet require any medication during his/her stay with us? Please circle one: YES or NO

MEDICATIONS LIST

ALL MEDICATIONS MUST BE LISTED WITH THE CORRECT DOSAGE INFORMATION. Please ask for an additional form if you have more than three medications.

Name of medicine _____ Dosage Amount _____

What is this for? _____ Dosage Time **(Circle)** Morning Afternoon Evening

Name of medicine _____ Dosage Amount _____

What is this for? _____ Dosage Time **(Circle)** Morning Afternoon Evening

Name of medicine _____ Dosage Amount _____

What is this for? _____ Dosage Time **(Circle)** Morning Afternoon Evening

FOOD INSTRUCTIONS FOR BOARDING



for **EACH MEAL**, bring a **separate** Ziploc bag.
Please do not write on bag.