



Boarding Information Sheet

So that we may better care for your pets, please fill out the following information. For the safety of your pet, we ask that you remove all collars while boarding.

Patient:	Client:
Boarding Dates:	Patient ID:

Belongings: be descriptive					Diet (circle one): Hospital Own: _____			
Emp Use:	Recep In	Kennel In	Recep Out	Kennel Out	Frequency: 1x/day 2x/day 3x/day			
					Amount:			
					Snacks:			

Medications: must be separated, identifiable and in the original container

Medication:	Amount	AM	Noon	PM	Start

Special instructions:

Medical Concerns: Please list or describe. You may be asked to fill out a medical drop off form

Employee use:	DR	Ken	Spa	EW	NT	KB	AG	VIP
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Vax:	Exam/Procedure:
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