

CANINE BOARDING REGISTRATION FORM (2008)

Dog's Name (First& Last) _____ Weight: _____ lb (use scale)

Feeding Instructions: Own supply (specify brand) _____

Kennel Supply (see attendant for choices) _____

How many cups per meal? _____

How many times a day? Twice Daily _____ Three Times Daily _____

Medication Name	Dosage	Frequency

(Please ask a receptionist for price details)(Injection administration fees may vary)

MEDICAL PROBLEMS:

Has your dog been seen by his/her regular Veterinarian in the last 6 months for anything besides a wellness visit? _____ No _____ Yes (please describe) _____

Does your dog have any lumps, warts or growths that we should be aware of?

_____ No _____ Yes (please describe & indicate

location) _____

Does your animal have any allergies? _____ No _____ Yes (please describe)

Seasonal or Food (please describe): _____

Does your dog have incision/sutures/staples? _____ No _____ Yes (please describe date,

location, reason) _____

OPTIONAL SERVICES:

Exercise Instructions (Kennel Only) _____ Every other day _____ Once daily
 _____ Twice Daily _____ Three Daily _____ None

(exercise is optional and costs \$6 per exercise session)

Grooming: Would you like your pet groomed during their stay with us? If Yes, Please schedule an appointment when making the reservation or at the time of check-in.

Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person must be an adult, capable of making decisions for you regarding your pet's health and able to be reached with-in the continental U.S.

