



Client Name : _____

Pet Name: _____

Boarding Dates: _____

Brand of food currently feeding pet: _____

Type of food: (Please circle correct answer) Dry Only Canned Only Mixed Dry with Canned

How much do you feed each day? _____

How often do you feed (Please circle correct answer) Once a day Twice a day

What are you bringing from home? (Please circle all correct answers) Food
 Bedding
 Toys
 Treats

Is your pet getting a (Please circle correct answer) Go Home Bath Only Bath & Groom with Groomer

Is your pet on Flea Control? (Please circle correct answer) YES NO Brand? _____

Can any of your boarding pets be together? (Please circle correct answer) YES NO

If yes, choose best answers : Stay in same cage together
 Able to eat together
 Go outside in the same outdoor run together ?

Which is the best way to reach you while you pet(s) are staying with us? (Please circle correct answer)

Cell Phone
Email (If you checked this method of contact, we will be relying on you to check your email while away.

Emergency Numbers #1 _____ #2 _____

Email Address _____