



BOARDING FORM

Owner's name: _____ Phone Number: _____

Second Owner's Name: _____ Phone Number: _____

Mailing Address: _____

Primary Email Address: _____

Emergency contact(s) authorized to pick up or make decisions about pets.

Name _____ Phone _____

Name _____ Phone _____

Drop Off Date Pick Up Date Pick Up Time

(If unsure of pick up date please put last possible date to avoid late meals or medication.)

1st Pet Name _____

2nd Pet Name _____

Which Food?	<input type="checkbox"/> BNB	<input type="checkbox"/> Own Food
How much food? _____cup(s)	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Additional feeding notes:		
Can they eat our food if theirs runs out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Play with the other dogs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Playtime? (one on one play with staff) \$10/day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jump 6 foot Fences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
After dinner playtime? (extra \$10/day)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teeth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groom (Hair cut)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Peanut Butter Kong? Given at Dinner time(\$4/day)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Share a kennel with Pet #1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which Food?	<input type="checkbox"/> BNB	<input type="checkbox"/> Own Food
How much food? _____cup(s)	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Additional feeding notes:		
Can they eat our food if theirs runs out?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Play with the other dogs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Playtime? (one on one play with staff) \$10/day	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jump 6 foot Fences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Extra playtime? (extra \$10/day)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Teeth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Groom (Hair cut)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Peanut Butter Kong? Given at dinner time.(\$4/day)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any special needs or requests? Yes No

Personal belongings: (Please list all items and be specific as possible. Example: Collar, food, meds...)

Customer's signature _____ Date _____