



Boarding Check-In Information

Thank you for giving us the opportunity to care for your pet while you are away. To ensure the best care possible, please take the time to fill in this form completely. This form will be kept on file as permanent boarding instructions unless a new form is submitted. Thank you!

General Information:

Client Name: _____

Pet(s) Name: _____

Boarding Dates: ____/____/____ until ____/____/____ Pick Up Time: _____ AM/PM

Is your pet sharing a kennel with another pet? Yes No

If yes, please list the other pet's name(s): _____

Medication Instructions:

If your pet needs medication while boarding, please bring the medication in original prescription container along with written instructions and last administration date/time. Pets receiving medication are charged a fee for administration. We provide Greenies Pill Pockets for tablet or capsule medication administration.

Feeding Instructions:

North Florida Animal Hospital will provide a sensitive stomach food, however you are welcome to bring your pet's normal food prepared in individual serving bags per meal.

How often do you feed your pet? Once daily (AM), Once daily (PM), Twice daily or Free Feed

What is the quantity of food given at each feeding (measured in 8oz cups)? _____

Is your pet on a prescription diet? Yes No If yes, please list the diet: _____

Did you bring your pet's food? Yes No

Other:

We discourage leaving personal belongings with your pet. We provide bowls, blankets, bedding and toys. If you decide to leave any personal belongings with your pet North Florida Animal Hospital cannot be held responsible for inadvertent loss or damage.

Please list any belongings you will be leaving with us (be descriptive):

- | | |
|--|---|
| <input type="checkbox"/> Leash, description _____ | <input type="checkbox"/> Blanket, description _____ |
| <input type="checkbox"/> Collar, description _____ | <input type="checkbox"/> Carrier, description _____ |
| <input type="checkbox"/> Bed, description _____ | <input type="checkbox"/> Other, description _____ |
| <input type="checkbox"/> Toys, description _____ | |
| <input type="checkbox"/> Towel, description _____ | |

Are there any special notes about your pet that we should list on the kennel? ie: dog aggressive, fence jumper, etc. -

Will your pet be seeing the veterinarian while he/she boards? If so, for what reason?

Were you interested in any of the following "Tender Loving Care Extras" for your pet? Please ask a receptionist for individual pricing information on our TLC Extras.

- | | |
|--|--|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Teeth Brushing |
| <input type="checkbox"/> One-On-One Playtime | <input type="checkbox"/> Cat Nip Toy |
| <input type="checkbox"/> Moonlight Walks | <input type="checkbox"/> Swim Session |
| <input type="checkbox"/> Daily Treats | <input type="checkbox"/> Picture (sent to you via email or text message) |
| <input type="checkbox"/> Ice Cube Treat | |
| <input type="checkbox"/> Frozen Yogurt Treat | |
| <input type="checkbox"/> Laser Show | |

Client Signature: _____

Date: _____