

Boarding Agreement Form

Pet(s) Name(s):
Client's Name:
Emergency Contact and Number:
Boarding Dates: _____ at ____ am/pm until _____ at ____ am/pm

Vaccination Status:		
For your pet's protection, Rabies, DHPP and Bordetella vaccines must be current, with proof of vaccination from a verifiable source (veterinary clinic, etc.) or we will administer needed vaccinations upon admission into our boarding facility.		
Vaccine	Due Dates:	
Rabies		Vaccines verified by:
Distemper		Proof of vaccines in file:
Bordetella (K9 only)		
Medications:		
Is your pet on any medications? ____ Yes ____ No		
Medication _____	Dosage Instructions _____	
Medication _____	Dosage Instructions _____	

Flea Control:	Diet:
For your pet's protection, we require that all animals have a flea preventative. If your pet has not had a flea preventative in the last 30 days, Frontline Plus® will be applied to your pet at your expense. Type of flea preventative applied _____ Date Applied _____	Own food? ____ Yes ____ No If yes, what diet? _____ Feeding Instructions _____ _____ _____
<ul style="list-style-type: none"> • Apply Frontline Plus® to my pet(s) 	

Special Requests:	
____ Vaccines – Please List _____	____ Heartworm test/4DX
____ Bath ____ Nail Trim ____ Express Anal Glands ____ Other _____	

Signature (Owner/Agent) _____ Date _____

Office Use
Staff Initial: _____
Weight In: _____
Weight Out: _____
Belongings: _____ _____