



BOARDING CHECK-IN

NAME OF PET(S): _____

NAME OF OWNER: _____

DATE OF PICK-UP: _____

EMERGENCY PHONE # _____ ALTERNATE PHONE # _____

MEAL TIME: OUR KENNEL FEEDS PURINA E/N (A SENSITIVE STOMACH FORMULA)

PLEASE CIRCLE ONE: *Feed Purina E/N* *I am providing my own food*

FEED: _____ cup(s) *Once daily in AM* *Once daily in PM* *Twice Daily* *Free Feed*

TOYS & SPECIAL ITEMS FROM HOME: _____

MEDICATION & INSTRUCTIONS: _____

SLEEP, PLAY, OR EATING HABITS OR PROBLEMS WE SHOULD BE AWARE OF WHILE HERE: _____

ANY MEDICAL OR GROOMING REQUEST WHILE YOUR PET IS HERE: _____

WE TRY TO PROVIDE THE VERY BEST CARE WHILE YOU ARE AWAY. HOWEVER, THERE ARE TIMES WHEN EXCITEMENT OF BEING HERE OR THE STRESS OF MISSING YOU MAY LEAD TO DIARRHEA OR UPPER RESPIRATORY INFECTIONS. YOUR PETS WILL BE TREATED AT THE DISCRETION OF THE DOCTOR AND ANY MEDICATIONS OR SPECIAL FOODS USED WILL BE ADDED TO YOUR BILL. WE WILL MAKE EVERY EFFORT TO CONTACT YOU BEFORE INITIATING ANY TREATMENT.

ALL BOARDING ANIMALS ARE EXAMINED FOR FLEAS PRIOR TO ENTERING THE KENNEL. ANIMALS WITH FLEAS WILL BE TREATED AT OWNERS EXPENSE.

OWNERS SIGNATURE _____ DATE _____

To be completed by an Anderson Mill Employee: FLEA CHECK IN _____ FLEA CHECK OUT _____