

Quality Pet Care, LLC
Boarding Information Sheet

Client's Name: _____ Phone: 1st _____
2nd _____

Emergency Contact: _____ Phone: _____

(Circle One)

Pet's Name: _____ Canine / Feline Breed: _____

Color(s): _____ Weight: _____ Age: _____ M / F Neutered / Spayed / Neither

Drop off Date: _____ Date to be picked up: _____

Questions about your pet:

Is your pet protective of food or toys? Y / N Does your pet "get out" or "escape" at home? Y / N

Is your pet on a special diet (if so please list)? _____ Can your pet have treats? Y / N

Is your pet on any medications? If so please list, with directions.

I would like my dog bathed the morning he/she is to be picked up. (A free bath is included with a minimum 2 night stay and will include an ear cleaning.): Y / N

I would like my pet's nails trimmed while boarding for an additional \$9.00: Y / N

I authorize the Doctors to treat my pet if he/she becomes ill while boarding: Y / N

Please read and INITIAL each of the following:

- I understand that my pet must be up to date on vaccinations in order to be boarded.
- I am aware that my pet will receive a Capstar (flea pill) at my expense upon entering the boarding facility if he/she is not already on an oral flea prevention (Small \$5.75, Large \$5.95)
- I understand the risks associated with boarding my pets in the same kennel/room. I hereby authorize Quality Pet Care, LLC's doctors and staff to treat my pets at my expense for any injuries incurred if my pets were to injure one another during their stay.
- I hereby authorize Quality Pet Care, LLC's doctors and staff to treat my pet(s) at my expense if my pet(s) become ill during their stay.

Signature _____ Date: _____