

Pick up Date: _____

Boarding Pet Information

- 1) Pet's Name: _____
- 2) **Own food** (circle one) YES NO
If yes, what brand, how much, how often? _____
- 3) **Medications** (circle one) YES NO List: _____
Do you give as directed on the label (circle one) YES NO **(IF NO, DIRECTIONS BELOW)**

- 4) List all toys, bedding, leashes, blankets, treats, etc that you brought with your pet.

- 5) Date of last flea treatment: _____
- 6) Special requests/remarks (will be honored if possible) _____

- 7) Persons authorized to pick up your pet (Please include phone number): _____

Signature: _____ Phone Number: _____

Date: _____

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