

**BOARDING DROP OFF FORM**

TODAYS DATE \_\_\_ / \_\_\_ / \_\_\_

PICK-UP DATE \_\_\_ / \_\_\_ / \_\_\_

PET NAME \_\_\_\_\_

CURRENT DIET (BRAND) \_\_\_\_\_ AMOUNT PER FEEDING \_\_\_\_\_

HOW OFTEN DO YOU FEED YOUR PET?      AM      AFTERNOON      PM

EMERGENCY CONTACT NUMBER or E-MAIL \_\_\_\_\_

DOGS WILL BE BATHED PRIOR TO PICK-UP, AND WILL BE READY TO GO AFTER 2:00 O'CLOCK.

WHAT TIME WOULD YOU LIKE TO PICK-UP? \_\_\_\_\_

DOES YOUR PET TAKE MEDICATIONS?      YES      NO

IF YES, PLEASE LIST MEDICATIONS:

MEDICATION & DOSING INSTRUCTIONS

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**\*\*\*PLEASE LIST THE ITEMS YOU BROUGHT SO THAT WE ARE SURE TO SEND THEM HOME WITH YOU\*\*\***

TOYS? YES NO \_\_\_\_\_

LEASH? YES NO \_\_\_\_\_

BEDDING? YES NO \_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_