



TECH INITIALS: _____

BOARDING DROP OFF FORM

Owner's Name: _____ Ph #: _____ Emergency Contact: _____

Pet's Name: _____ Drop Off Date: _____ Pick Up Date: _____

PETS MUST BE PICKED UP BY 12PM (NOON) OR YOU WILL BE CHARGED FOR THAT DAY OF BOARDING.

Medications left with pet (list each - last dose given, next dose due)

_____ _____ _____

Food:

Feed FPH kennel food twice daily Owner supplied food: _____

(brand, last fed, feeding instructions)

Toys/Miscellaneous: _____

My pet is receiving other services while boarding. (surgery, vaccines, etc..)

My pet is on flea and tick preventative. (Brand: _____)

(If fleas/ticks are found, we will treat at the owners expense)

My pet **CAN** be walked off leash in the fenced yard while boarding.

My Pet is an escape artist.

My pet gets along well with: People Other dogs Cats Nobody

My pet is spayed/neutered

My pet is **NOT** spayed/neutered.

I authorize the doctors and staff to provide lifesaving veterinary services to my pet if emergency circumstances arise, and to follow through with such procedures as are necessary for the wellbeing of my pet on a continuing basis until further advised by myself.

I **DO NOT** authorize the doctors and staff to provide lifesaving veterinary service to my pet should an emergency situation arise.

EXTRAS: Bath 15 minute fetch = _____ Extra hour of play time = _____

Peanut Butter Kong = _____ Preening = _____ Nail Trim Anal Glands Expressed Ears Cleaned

SIGNATURE

DATE

ALL ANIMALS MUST BE CURRENT ON THEIR VACCINATIONS AND MUST BE FREE OF EXTERNAL PARASITES.