

Love and Care Canine Boarding Package

Pet Name: _____

Arrival Date: _____

Time: _____

Go Home Date: _____

Time: _____

Belongings: _____

Habits and Special Needs: _____

Meals: (Type of food and amount) _____

Treats: (Type of treats and amount) _____

Medications: (Name, Amount, Frequency) _____

Vaccines/lab work needed: _____

I would like my pet to get:

- | | |
|---|---|
| Frequent walks (min, 5x daily) | Yes or No |
| Exercise time (fenced in area) | Yes or No |
| Extra one on one time w/ trained staff | Yes or No |
| Laser Therapy | Yes or No |
| Physical Therapy | Yes or No |
| Daily Tooth Brushing | Yes or No |
| Spa treatment (bath, nails, ears, brushing) | Yes or No (Done on day of go home, unless specified.) |
| Lots of Love and Care | Yes or No |

Would you like to be contacted daily Yes or No

If so how, e-mail _____ or phone _____

or text _____

Emergency contact person _____ phone number _____

All pets left for boarding must be current on all required vaccinations and free of flea and ticks, or they will be treated on admission at owner's expense.

I understand that during my pets stay, unforeseen circumstances may occur that require Flannery Animal Hospital to perform procedures or treatments, and that I will be responsible for the costs of the same. My signature below authorizes these medically necessary treatments or procedures. If medications are necessary for treatments or handling, I give my permission to Flannery Animal Hospital to administer such medications.

I authorize Flannery Animal Hospital to do whatever is necessary in case of illness or an emergency situation, and agree to provide an emergency contact number so that they may attempt to notify me, should such illness or emergency arise.

Sign: _____