



Boarder Admission Sheet

Please complete this form to submit to us at your pet's boarding check-in. A separate form must be filled out for EACH pet boarding. Thank you! DON'T FORGET, CHECK OUT TIME IS 10 AM!

Client Name: _____

Pet Name: _____

Arrival Date: _____

Departure Date: _____

Travel Information: _____

Local Contact (emergencies only, name and phone): _____

Is your pet on a special diet? Yes ___ No ___ If yes, which diet? _____

Have you brought your pet's food for us to feed? Yes ___ No ___

How much do you feed your pet and how often (ie. 1 cup once a day/twice a day, AM or PM)?

_____ Did your pet eat yet today? Yes ___ No ___

Is your pet on any medications? Please list them and their dosages?

Did your pet receive their medication(s) this morning? Yes ___ No ___

Does your pet have any allergies (food, medicine, etc.)? Yes ___ No ___ If so, list _____

BETSY'S LAW NOTIFICATION: This veterinary facility does NOT provide supervision for animals after normal business hours by a person physically on these premises. Your signature on this document confirms that you have been notified of the lack of 24-hour animal supervision at this facility, and further signifies your understanding that, in the even that you choose to leave your pet at this facility, your pet may be subjected to injury, illness, or accidental death due to the absence of 24-hour supervision.

Signature: _____

Date: _____