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In order to make your pet's boarding stay with us as comfortable as possible, it is important for us to know as much as possible about your pet's normal habits. Please help us by answering the following questions.

CLIENT CONTACT:

Owner's Name _____ Pet's Name _____

Date of Drop-Off: _____ Date of Pick-Up: _____ Phone #: _____

Emergency Contact's Name and Phone #: _____

FOOD NEEDS:

- My pet likes to eat _____ food _____ times a day.

- My dog is regularly walked _____ times a day.

Please check if: your dog is paper trained **only** and doesn't need to be walked.

- My pet has the following collar/leash description: _____

- I am leaving the following items with my pet:

- _____
- _____
- _____

MEDICAL NEEDS:

- Is your pet on any medications?
 - If yes, please name them and provide dosages and/or directions for administering:

**** Please note that pets are regularly moved between cages, and may lose small toys you have left with him/her. As such, please do not leave any valuable items with your pet.**