

## Boarding Check-In Information

Thank you for giving us the opportunity to care for your pet while you are away.  
To ensure the best care possible, please take the time to fill in this form completely.

### General Information:

Client Name: \_\_\_\_\_

Pet(s) Name: \_\_\_\_\_

Boarding Dates: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Will your pet be sharing a kennel with another pet? Yes - No

If yes, please list the other pet's name(s): \_\_\_\_\_

Did you bring your pet in a carrier? Yes - No Color \_\_\_\_\_

### Feeding Instructions:

Did you bring your pet's food? Yes - No Brand \_\_\_\_\_ Container Color \_\_\_\_\_

How often do you feed your pet? Once daily (AM), Once daily (PM), Twice daily or Free Feed

What is the quantity of food given at each feeding (measured per cup)? \_\_\_\_\_

Does your pet have medications that need to be given? Yes - No

Name of Medications, dosage and start time

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While your pet stays with us we will provide:

Leashes, ID Collars, Cots, Towels, Blankets, Litter pans, Litter, Water and Food bowls.

We feed Hill's Science Diet Maintenance dry food to both canines and felines unless you bring in your own pet food.

Special notes that we will need to know about your pet while they are with us? aggression, allergies etc.

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While your pet is visiting with us would you like for them to have an appointment with our groomer? Yes - No

Bath - Bath & Clip - Furminator Package - Full Spa Package (all options include nail trims and expressing anal glands)

Emergency Contact Information - name and number: \_\_\_\_\_

For the health of your pets and other pets staying with us all pets must be up to date on all vaccines and an intestinal parasite screenings needs to have been done within the last 6 months. If you do not have a copy of your pet's vaccine history we will be happy to call your veterinarian for this information.

We thank you again for allowing us to care for your pet. - Cherokee Hospital for Animals