

# BOARDING INTAKE FORM



We require this comprehensive form be completed for each pet at every drop off to ensure clear communication for each stay. We strive to fulfill our clients' specific expectations and preferences, ensuring a personalized and satisfactory experience for your beloved pet every time you are away.

## GENERAL INFORMATION

Owner Name: \_\_\_\_\_ Pet's Name \_\_\_\_\_  
 Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color: \_\_\_\_\_  
 Drop off date: \_\_\_\_\_ Pick up date: \_\_\_\_\_ Total # of days: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Preferred contact method: home phone  cell phone  email  other : \_\_\_\_\_  
 Emergency contact name: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

## FOOD

*If no or not enough food is supplied for the duration of the pet's stay, Critter Care will provide Hill's Prescription Diet i/d twice per day at the additional cost of \$10.00 per day.*

Did you bring your pet's own food? Y  N  Please explain your usual feeding routine:  
 dry food: N  Y  If yes, what brand(s): \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 wet food: N  Y  If yes, what brand(s): \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 treats: N  Y  If yes, what brand(s): \_\_\_\_\_ Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Any special instructions? \_\_\_\_\_  
 Time of pet's last meal: \_\_\_\_\_ am  pm

## PERSONAL ITEMS (if applicable)

Please select and describe the items belonging to your pet (**please do not leave leashes/harnesses**):  
 bed  \_\_\_\_\_ blanket  \_\_\_\_\_ toys  \_\_\_\_\_ carrier  \_\_\_\_\_  
 other  \_\_\_\_\_

## MEDICATIONS (if applicable)

| NAME & DOSE | INSTRUCTIONS | TIME OF LAST DOSE   |
|-------------|--------------|---|
| 1. _____    | _____        | _____ am <input type="checkbox"/> pm <input type="checkbox"/> |
| 2. _____    | _____        | _____ am <input type="checkbox"/> pm <input type="checkbox"/> |
| 3. _____    | _____        | _____ am <input type="checkbox"/> pm <input type="checkbox"/> |
| 4. _____    | _____        | _____ am <input type="checkbox"/> pm <input type="checkbox"/> |

More than four medications? N  Y  If yes, please use the back of this page to list the additional medications.

## ADDITIONAL SERVICE REQUESTS (if applicable)

*Services are dependent on schedule availability and are not guaranteed to be completed before pick up.*

exam  nail trim  ear cleaning  anal gland express  bath  full groom

**FLEAS:** To prevent flea infestation, all pets are examined for evidence of fleas at intake. If fleas are detected, treatment will be provided at the owner's expense.

**HEALTH:** All pets boarding at Critter Care must be examined or have had an examination within the last year by one of our licensed veterinarians. All pets must be current on vaccinations (Dogs: Rabies, DHPP, & Bordetella/Cats: Rabies & FVRCP/Ferrets: Rabies). If proof of vaccinations are not provided at drop off and/or there is no history of an exam within the last year, services will be performed at the time of admission at the owner's expense.

**ILLNESS:** In the event a pet becomes ill or requires medical attention while boarding, necessary medical treatment will be administered at the owner's expense.

- I understand and agree to all boarding fees (excluding additional service requests) are to be paid at the time of admission.
- I understand and agree that any remaining boarding or medical expenses must be paid in full at the time of pick up.

AUTHORIZED OWNER/AGENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_