



## Dog Dayboarding Consent Form

**Pet Name:** \_\_\_\_\_  
**Client Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**Requirements:** Exam, Distemper, Leptospirosis, Bordetella, Influenza, Rabies, Fecal, Heartworm, Lyme\*  
\*Not required for boarding, but recommended annually for pets well-being.

Annual Boarding Contract Date: \_\_\_\_\_

**VACCINES DUE?** Yes \_\_\_\_ No \_\_\_\_

Paperwork done \_\_\_\_\_ (Initials) IPE Board \_\_\_\_\_ (CRS or ACS Initials) Weight \_\_\_\_\_

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**Medications: (Medication Chart must be attached)** CRS Initials \_\_\_\_  
(Additional fee)  
Yes \_\_\_\_ No \_\_\_\_

Do you need any medications refilled? (We will contact you if your pet runs out of medication while boarding!) \_\_\_\_\_

Date of last Heartworm/Flea & Tick? \_\_\_\_\_ Need us to give? \_\_\_\_\_

Feeding Instructions: How much? \_\_\_\_\_ How often? SID AM/PM BID TID  
Ours\Own? \_\_\_\_\_  
Has your pup eaten today? \_\_\_\_\_  
Any Food Allergies? \_\_\_\_\_

Belongings Brought From Home (list in detail):

**Ancillary Services:**

Nail Trim \_\_\_\_ Jog a Dog \_\_\_\_ Ear Cleaning \_\_\_\_

Peanut Butter Kong \_\_\_\_ Yoghund \_\_\_\_

Checked-in by: (CRS initials) \_\_\_\_\_ (ACS initials) \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_