



# Dog Day Boarding Consent Form

Date: \_\_\_\_\_

Client: \_\_\_\_\_ Pet: \_\_\_\_\_

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

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

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

Paperwork done \_\_\_\_\_ (Initials)

IPE Board \_\_\_\_\_ (CRS or ACS initials)

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**Medications: (Medication Chart must be attached)**

CRS Initials \_\_\_\_\_

*Additional Fees for administering medication apply*

ACS INITIALS \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you need any medications refilled? \_\_\_\_\_

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

Feeding Instructions: How much? \_\_\_\_\_ How often? \_\_\_\_\_ Ours\Own

Has your pup eaten today? AM \_\_\_\_\_ PM \_\_\_\_\_

Any Food Allergies? \_\_\_\_\_

Belongings Brought From Home (list in detail):

**Ancillary Services:**

Nail Trim \_\_\_\_\_ Jog a Dog \_\_\_\_\_ Ear Cleaning \_\_\_\_\_ Peanut Butter Kong \_\_\_\_\_

Yoghund \_\_\_\_\_ Anal Gland Expression \_\_\_\_\_ Brush Teeth? \_\_\_\_\_

How often? \_\_\_\_\_

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

Owner's Signature: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_