Information Sheet

Pet's Name	Boarding Dates
	Approximate pick up time
Owner's Name	
Does your pet have any health prob	lems/concerns? Y N
Is your pet on medication? Y List type(s) and instructions	N
Does your pet require a special diet or have any dietary restrictions?	
Please list feeding instructions such	as quantity and frequency.
Do you want your pet bathed before	going home? Y N Cost varies. Inquire.
List items you are leaving with your We are not responsible for the loss of	
Food	
Bedding	Other