

OWNER _____

PET _____

DATE _____

(Apply Label Here)

BW IN _____ BW OUT _____

Fleas Y N Txt & Date _____

Food Formulation _____

Meds in Food / Meds Before Feeding Y N

Food Quant/Frequency _____

Extra Exercise Y N Personal Items Y N

LABEL

LABEL

Depart. Date _____

Kennel # _____

DATA ENTRY CODES

D = DIARRHEA G = GOOD
 F = FORMED STOOL P = POOR
 B = BLOOD + = PRESENT
 -- = ABSENT

Use Time For EXERC

DATE	APPT	BM	URIN	VOM	INIT	EX	EX	EX	XEX	WT

FEEDING INSTRUCTIONS:
 Our Boarding Facility Provides Hill's[®] Science Diet[®] Sensitive Stomach
 (No additional fee for owner provided food)

- Once Daily: (AM or PM) Twice Daily
 Free Feed

Please Provide Special Diet: _____

EXTRA EXERCISE (Additional Fee)

Extra Exercise requested

MEDICATION (Additional Fee)

Administer the medications / provide per labeled instructions.
 Number of prescriptions provided: _____

PERSONAL ITEM

If any personal items are left with your pet during boarding, they are left at your own risk.
 Item(s) _____

EMERGENCY CONTACT NUMBER

PICK-UP DATE

Pre-arranged Sunday Pick-up

ALL AREAS BELOW FOR OFFICE USE ONLY

Check-In CSR Initials

OWNER _____

PET _____

DATE _____

(Apply Label Here)

LABEL

LABEL

BW IN _____ BW OUT _____

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Food Formulation _____

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