

Kind Care Boarding

Monday-Friday: 8:00am-5:00pm

Saturday: 9:00am-1:00pm

Owner Name: _____

Contact Number: _____

Emergency Contact: (other than yourself) _____

Emergency Number: _____

Pick up date: _____ () AM-Before 11:00am () PM- After 11:00am

(Charges apply for all pick-ups after 11:00am)

Pets Name: _____ **Breed:** _____ **Gender:** ____ **Age:** ____

Pets Name: _____ **Breed:** _____ **Gender:** ____ **Age:** ____

Pets Name: _____ **Breed:** _____ **Gender:** ____ **Age:** ____

Feeding Instructions:

Food Provided by: () Owner OR () Kind Care Boarding

How Often: () Once Daily () Twice Daily () Three Times Daily

How Much? _____

Medications:

Please list all medications your pet is currently taking:

_____ How often? () Once Daily () Twice Daily

_____ How often? () Once Daily () Twice Daily

_____ How often? () Once Daily () Twice Daily

While your pet is at Kind Care Boarding:

Does your pet have an appointment with Kind Care Grooming *next door*? () Yes () No

If your pet does *not* have an appointment next door:

 Would you like your pet to be bathed by our kennel technician? () Yes () No

 Would you like your pet to have their nails trimmed? () Yes () No

Please proceed to the back to complete this form ----->

Does your pet need any medical attention? (I.E. Vaccinations, Check - Up):

Here at Kind Care Boarding, we strive to keep a flea-free environment for your pet during its stay. Please identify the last flea product that was used on your pet. If we see fleas on your pet we may administer a Capstar, which is an inexpensive 24 hour flea pill.

Last Flea product used: _____ Date Applied: _____

Owner Release:

CHECK OUT TIME IS 11:00 AM; LATER PICK-UPS WILL BE CHARGED AN EXTRA DAY.

I give my permission to Kind Care Animal Hospital to use all responsible precautions to prevent injury, escape, or death to my pet. This clinic and staff will not be held liable for any problems that develop provided reasonable care and precautions are followed. I understand that the veterinarian will treat any problems that should develop with my pet while I am absent as she/he deems appropriate. I assume full responsibility for the treatment and expense involved. If I neglect to pick up my pet within 5 days of the specified pick-up date and do not notify the staff within that time period, it may be assumed that the pet is abandoned and the staff will be authorized to place my pet in a suitable home or shelter. In order to maintain a flea-free environment, I acknowledge that an appropriate flea product will be used to treat my pet if fleas are present, this charge will be billed to me when I pick up my pet.

Owner/Agent: _____ **Date:** _____