Drop off/Pick up Times:
Monday-Friday
7:30am-NOON
2pm-6pm

PetSound Daycare & Boarding
BOARDING CHECK-IN

Check-in Date: _____ Expected Check-out Date: _____ Time of p/u: _____
Owner's Name: _____Owner's Phone: _____
Pet Name: _____ Age: _____ Breed: _____ Weight: _____
Email: _____ ***Is anyone else authorized to pick up your pet?*** No Yes
Name: _____
Phone: _____

The staff at PetSound Animal Hospital welcomes your pet to this home away from home. Our staff will pamper your pet while you are away. To do so, however, we need an understanding of the routines at home.

Medications/Supplements: please list all medications and dosage instructions.
Note: all medications and supplements should be provided in the original container and be labeled with the pet's name. **There is an additional fee to administer medications.**

MEDICATION	DOSE	FREQUENCY	TIME LAST GIVEN
		□AM □ NOON □PM	
		□AM □ NOON □PM	
		□AM □ NOON □PM	
		□AM □ NOON □PM	

Feeding Instructions:
□I have provided food.
□I have not provided food and my pet can be fed the RC Low Fat GI food provided by PetSound.
Feeding Restrictions: my pet is on a restricted diet for: □Not applicable
□medical reasons □stomach sensitivity □skin allergies □other
(S)He last ate at: _____ □AM □PM
How often should your pet be fed? □Once in the AM □Once in the PM □Twice a Day
□Leave food available at all times □Other
How much should we feed him/her at each meal? _____
Please describe your pet's appetite and thirst at home: □Great □Average □Finicky
Walk & Exercise Our guests are given 3 walk/exercise periods per day outside (dogs).
□You may elect for additional play periods at an individualized quote.
□Please have my dog attend **Doggie Daycare** under the direct supervision of staff during the weekdays. (*Additional fees apply*)
Personal Items: If you decide to leave any belongings, we cannot guarantee that you will receive them back in the same condition in which they arrived.
Are you leaving any of your pet's belongings? □YES □NO
If so, please describe each item:_____
Bathe or Groom Request for your pet prior to going home:
Please □Bathe □ Nail Trim **O R** □Groom my pet. (By appointment ONLY with our Groomer)
Note: these services may require a later pick-up time.
Special Instructions or Requests:_____
Should your pet become ill, the staff at PetSound Animal Hospital will make an effort to reach you, or your authorized agent, prior to initiating treatment. However, the attending veterinarian may initiate necessary care as deemed appropriate until such time as you or your authorized agents are contacted.