



AUTHORIZATION & BOARDING CHECK-IN

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

Client Information

Check-in Date: _____ **Expected Check-out Date:** _____ **Time of p/u:** _____
Owner's Name: _____ **Owner's Phone:** _____
Pet Name: _____ **Age:** _____ **Breed:** _____ **Weight:** _____
Email: _____
Authorized emergency contact/pick up: Name: _____
 Phone: _____

Pet's Medical Information

Medications/Supplements: please list all medications and dosage instructions.

MEDICATION	DOSE	FREQUENCY	TIME LAST GIVEN
		<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM	
		<input type="checkbox"/> AM <input type="checkbox"/> NOON <input type="checkbox"/> PM	

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 per day to administer medications based on the frequency given.

Feeding Instructions

(owner's initials) _____ food provided. (owner's initials) _____ no food provided.
Note: During a boarding stay, eating habits may change due to stress. (owner's initials) _____ I authorize the addition of PetSound's available additives to entice them to eat if they have stopped eating with no need to contact me unless other issues arise.
 (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? _____

Feeding Restrictions: my pet is on a restricted diet for:

Not applicable Medical reasons Stomach sensitivity Skin allergies Other

Walk & Exercise Our guests are given 3 walk/exercise periods per day outside (dogs).

(owner's initials) _____ You may elect for additional play periods or extra walks. *(Additional fees apply)*
 (owner's initials) _____ Please have my dog attend **Doggie Daycare**. *(Additional fees apply)*

Bathe or Groom Request for your pet prior to going home:

Please Bathe Nail Trim **OR** Groom my pet. (By appointment ONLY with our Groomer)

I acknowledge in some cases, pets may have diarrhea during their stay.

(owner's initials) _____ If needed, bathe my pet I accept full responsibility for all costs.

(owner's initials) _____ I decline the option of having my pet bathed.

Authorized Medical Release

(owner's initials) _____ You acknowledge that no matter the cleanliness of the facility viruses and bacteria will congregate with large groups of dogs. One of the advantages of boarding your pet(s) at our facility is that veterinary care is readily available should the need arise/ As Pet Owner initial your choice below.

Should your pet become ill, the staff at PetSound 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.

_____ I accept full responsibility for additional costs incurred in the medical treatment of my pet

_____ I decline medical treatment for my pet and accept full responsibility of fees and well being of my pet and hereby release PetSound of any and all responsibility and/or liability.

Personal Items: (owner's initials) _____ I acknowledge that if I decide to leave any belongings, PetSound cannot guarantee that I will receive them back in the same condition in which they arrived.

Are you leaving any of your pet's belongings? YES NO

Special Instructions or Requests:

Signature: _____ **Date:** _____