



Boarding Until: _____

Weight: _____

Animal Boarding Form

Owner's Name: _____ Phone Number: _____

**** If you would like text update(s) during their stay please provide number: _____**

**** Please note - text updates apply to weekdays only!! (Data rates may apply)**

Emergency Contact Name: _____ Emergency Contact Number: _____

Animal Name(s): _____, _____, _____

Will you be supplying food? If so what brand? _____

How much and how often do you feed your animal? _____

Has your animal eaten today? _____ Any known food allergies? _____

Is your animal currently on medication? _____ **Any refills needed?** _____

Has medication already been administered today? _____ Please list medications below:
(Write Name and dose currently being given):

_____, _____, _____

Does your animal have storm or firework anxiety? _____ **Do you give a doctor permission to prescribe an anti-anxiety medication if needed?** (Initials) _____

Do you want your dog bathed while boarding? _____ **Only if necessary** _____

(\$50 – includes bath, pedicure & checking ears - *If a bath is necessary you will be charged*)

Do you want your dog to participate in Doggy Daycare while boarding? (weekdays only) _____

(\$25 additional full day, \$18 additional for ½ day), **IF SO, how often?** _____

*** Please list everything you brought for your animal(s) today ***

Personal Belongings like blanket/ bowls/ toys will not be placed in kennel

*** Charges for boarding are per day, on day in, day out basis***

Pets picked up before 9:30am on the release day are NOT charged for that day!!

I agree to pay for all services when I pick my animal(s) up from boarding. I also certify that the above-named animal(s) are currently vaccinated as required by Mukwonago Animal Hospital. I realize that all animals (if necessary) will be bathed prior to being released, and that I am financially responsible. I agree to hold Mukwonago Animal Hospital harmless for any illness and/or injury and give them permission to supply any and all medical/surgical services necessary for the health of my animal(s). **Mukwonago Animal Hospital is not responsible for any loss or damage to the items brought with your animal(s).**

Signed: _____ Dated: _____

I have read and understand the above statements

For Office Use Only:

NEEDED: EXAM[] AHW[] BORD[] DHPP[] LYME[] LEPTO[] RABIES[] FECAL[]