



AUTHORIZATION & BOARDING CHECK-IN

Drop off/Pick up Times:
Monday-Friday
7:30am-NOON
Afternoon by appointment only

Client Information

Check-in Date: _____ **Expected Check-out Date:** _____ **Time of p/u:** _____ *Note: If you need an afternoon pick up, or drop off, please call and schedule that in advance.*
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	

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: _____

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**. Full Half *(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.

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 understand that PetSound will make every attempt to contact me as soon as possible in the event of a medical emergency. If PetSound cannot contact me, I give permission to PetSound to make medical treatment decisions and approve charges up to \$_____ per pet (most common values are \$200, \$500, \$1000 or unlimited.) I give permission for PetSound to administer any care or medications necessary.

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

Signature: _____ **Date:** _____