

BOARDING FORM FOR CANINES

Boarding dates _____

4907 Prytania St. New Orleans, LA 70115

Pet Name: _____ Owner's first & last name _____

OFFICE USE: Are dog's vaccinations current? YES NO Date of last vaccinations _____Reminders due _____ **FECAL date** _____ **results** _____ Owner notified YES NO**MEDICATIONS**Is your pet **ON** a **monthly heartworm** preventative? NO YES What brand? _____Does your pet **NEED** a dose while boarding? NO YES Purchase? _____ Quantity? _____ Date? _____Is your pet **ON** a **monthly flea** preventative? NO YES What brand? _____Does your pet **NEED** a dose while boarding? NO YES Purchase? _____ Quantity? _____ Date? _____Is your pet on any other medications/ treatments? YES (fill out chart below) NO

Med**/ Tx* _____ Times/day _____ #Txs needed today _____ Own meds Y/N*

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DIET

We feed maintenance formulas of Science Diet® to our boarders based on their age. Prescription Diets® are an additional fee. Diet: _____

 I brought my own food. Brand: _____ (if your dog runs out, we will feed them Science Diet®)Feed my dog: Once a day Twice a day free feed Other _____ How much? _____Does your pet need to be fed today? YES NO If yes, feed AM PM Do we have your permission to make necessary diet changes? YES* NO Call firstDo you authorize us to do any necessary medical treatments? YES* NO Call first**BATHS**Complimentary out bath for dogs who are boarding 3 or more nights? YES (pick-up after 3 PM) NODo you want us to bathe your pet if he/she is boarding for less than 3 nights? YES* NO**PLEASE CHECK ANY OF THE FOLLOWING PROCEDURES AND/OR SERVICES THAT YOU WOULD LIKE US TO PERFORM WHILE YOUR PET IS STAYING WITH US*****Doctor examination*** (Dr.Ghere/ Dr. Nathan/
Dr.Biondolillo/ Dr. Foster)

Reason: _____

 Express anal glands* **Get a HomeAgain Microchip™*** **Trim nails*****Do you want your dogs to board together?** YES NO

Special Instructions* _____

In order to preserve a flea-free environment, your dog will be given a Capstar® upon entry (\$5.70).

*Service may require an additional charge. Please ask for prices.

**There is an oral medication fee of \$1.80 per administration.

Signature of owner or responsible party _____ Emergency contact # _____

Please print name _____

OFFICE USE: BOCACI NTCI BCI EXAMCI EXAGCI