ALL AREAS BELOW FOR OFFICE USE ONLY Check-In CSR Initials

OWNER _____

PET _____

DATE _____

(Apply Label Here)

LABEL

LABEL

BW IN _____ BW OUT _____

Fleas **Y** **N** Txt & Date _____

Food Formulation _____

Meds in Food / Meds Before Feeding **Y** **N**

Food Quant/Frequency _____

Extra Exercise **Y** **N** Personal Items **Y** **N**

Depart. Date _____

Kennel # _____

DATA ENTRY CODES

D = DIARRHEA	**G** = GOOD
F = FORMED STOOL	**P** = POOR
B = BLOOD	**+** = PRESENT
Use Time For EXRC	**–** = ABSENT

DATE	APPT	BM	URIN	VOM	INIT	EX	EX	EX	XEX	WT

FEEDING INSTRUCTIONS:

Our Boarding Facility Provides Hill's® Science Diet® Sensitive Stomach
(No additional fee for owner provided food)

❑ Once Daily ❑ Twice Daily

❑ I Brought My Food: _____

❑ Please Provide Special Diet: _____

EXTRA EXERCISE *(Additional Fee)*

❑ Extra Exercise requested

MEDICATION *(Additional Fee)*

❑ Administer the medications ***I provide*** per labeled instructions.

Number of prescriptions provided: _____

PERSONAL ITEM

If any personal items are left with your pet during boarding, they are left at your own risk.

Item(s) _____

EMERGENCY CONTACT NUMBER

_____

PICK-UP DATE

_____

ALL AREAS BELOW FOR OFFICE USE ONLY _____ Check-In CSR Initials

OWNER _____

PET _____

DATE _____

(Apply Label Here)

LABEL

LABEL

BW IN _____ BW OUT _____

Fleas **Y** **N** Txt & Date _____

Food Formulation _____

Meds in Food / Meds Before Feeding **Y** **N**

Food Quant/Frequency _____

Extra Exercise **Y** **N** Personal Items **Y** **N**

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