

Your Name: (First, Last)

Pet Name:

Home Phone:

Best Daytime Phone (In case we have questions):

Pick up date:

Pick up time: 8am 8am-10am 10am-12pm 12pm-2pm
 2pm-4pm 4pm-6pm after 6pm

You can select more than one if you are unsure, but it is helpful to know approximate times.
(Check out is at 2pm however if you are getting a depart bath then check out will be extended until close without additional charges.)

Emergency contact:

Emergency phone:

Contact Text (Phone # we can send text messages to):

Contact E-mail:

Food source: Rose Rock Veterinary Hospital Food My Own Food (additional cost/day)

Food type that you feed: Dry Canned Both

If we are feeding your food, what brand of food?

How many cups (using a measuring cup) do you feed?

How often do you feed: Twice Daily Once Daily Free Feed

Will you be bringing any treats with you?

Is your pet currently having any problems with fleas or ticks? Yes No
(If fleas or ticks are found, we will need to treat.)

If you are boarding more than one pet of the same species, can they stay together? Yes No

If not, why?

(There are no discounts for multiple pets if they do not board together)

Accommodation you reserved: Canine Economy Canine Luxury Villa
 Feline Economy Feline Master Feline Luxury

Packages: (Additional Charge) Tender Loving Care Puppy/ Kitten Geriatric

Would you like your pet to have a bath on departure? (Additional Charge) Yes No

Any additional services? (Additional charges do apply) Please place X in front of service.

Dry deck (Provides more padded surface for geriatric animals or animals that slip easily.)

Extra plush bedding

Playtime(s) How many per day?

Massage (There is a 10 minute minimum.)

Nails (If not getting bath)

Other groom Please specify:

Are your pet's vaccinations current (within the last year)? Yes No
(If done at another location, please bring proof. We can also update vaccinations while your pet is here if he/she is not current.)

For dogs, is kennel cough vaccination current (within the past year)? Yes No
(If done at another location, please bring proof.)

Is your pet on heartworm prevention? Yes No

Last heartworm test:

Last intestinal parasite test:

Will you be leaving a collar? Yes No Please describe collar:

Does your pet have any chronic medical problem? Yes No

If so, please describe:

Medications: Please list name of medication and dosing instructions.

Medication 1

Medication 2

Medication 3

Does your pet need to be examined by one of our doctors or have any other procedures done?

Vaccinations

Medical Exam Please describe:

Heartworm Test

Intestinal Parasite Test

Other Laboratory Test

Anal Glands Expressed

Other Procedure Please describe:

Have you noticed any coughing, sneezing, vomiting or diarrhea? Yes No

If yes, please explain:

Has your pet bitten anybody within the last 10 days (besides playfully)? Yes No

If yes, please explain: