

Boarding Admission Form



Owner: _____ Pet: _____

Arrival date: _____ Departure Date: _____

Emergency Contact Name/Phone #: _____

DAILY ANIMAL CARE

Feeding Schedule: ONCE Daily TWICE Daily

Amount per feeding: _____

Food: OWN food Clinic food

Medication to be given while boarding: (\$2.00/day)

_____ Next dose: _____

_____ Next dose: _____

_____ Next dose: _____

Our canine friends enjoy 2 daily walks in our yard and, when weather permits, dogs also enjoy their own private outdoor space.

ADDITIONAL SERVICES

Please mark any additional services you would like your pet to have while boarding: (Please circle)

Express anal glands Heartworm test Deworm
Bravecto/Frontline Microchip Fecal

Please examine my pet for: _____

(NOTE: There will be a medical exam fee for this evaluation.)

PAMPERED PET OPTIONS

Bath Nail trim Peanut butter kong (\$3/day)

Vaccinations

DOGS: DHLP-pv, Rabies, Bordetella; CATS: FVRCP, Rabies



1002 S Hayes Street
Garnett, KS 66032



(785)448-6454



countrysidevetgarnett.com