

Boarding Information

Owners Name: _____

Pet #1: _____ Pet #2: _____ Pet #3: _____

Arrival Date: _____ Departure Date: _____

There is a \$10.00 late fee, per day, per pet, if not picked up on departure date.

Emergency number or name and number of local contact: _____

Is your pet(s) on any medication(s)*? **YES NO** If yes:

***There is a \$2.00 fee each time medication is given. Please provide original container.**

| Pet | Medication | Dose | Time | Given Today? |
|-----|------------|------|------|--------------|
| | | | | YES NO |
| | | | | YES NO |
| | | | | YES NO |

How often do(es) your pet(s) eat? **[Check box(s), Circle what applies]**

| Pet | 1X Daily | 2X Daily | Self Feeding | Type of food? | Own Food? |
|-----|----------|----------|--------------|------------------|-----------|
| #1 | | | | WET / DRY / BOTH | YES / NO |
| #2 | | | | WET / DRY / BOTH | YES / NO |
| #3 | | | | WET / DRY / BOTH | YES / NO |

Would you like your pet(s) to be bathed*?

| | | |
|--------|----------|---------|
| Pet #1 | YES / NO | DATE**: |
| Pet #2 | YES / NO | DATE**: |
| Pet #3 | YES / NO | DATE**: |

*All boarders receive **20% off** their bath. After **7 nights** the bath is **free**.

****No baths on Sundays. Pets will be dry at 3:00 PM on date of bath.**

Do you authorize a third party to pick up your pet(s)? **YES NO**

If **Yes**, name of authorized person(s): _____

ALL boarders MUST be up-to-date on required vaccines. A physical exam will be performed and applicable vaccines given if proof of required vaccines is not provided upon admission.

By signing below you are certifying that the above information is accurate and giving permission for MAAH to treat your pet in the case of an emergency, injury, or detection of parasites, at the expense of the owner.

Signature: _____ Date: _____