



Boarding Check in Form

Dates of stay: _____ am / pm to _____ am/ pm

Pet's Name: _____

Owner's Name: _____

Emergency Contact Name / Phone number: _____

Medication Name: _____

Dosage / Frequency of Administration: _____

Date and Time we are to start giving the medications: _____

****If more room is needed for medications, please attach additional page****

Feeding Instructions: (Please circle choices)

Own Food (please indicate type) _____

Purina EN provided by ACCCW

Amount: _____ Frequency: AM Noon PM Free Choice

Exercise: (Please circle choices)

TLCs (8 to 10 min play time): 1 x/day 2 x/day

Potty Breaks (3 to 5 mins out to potty and back in): 1x/day 2x/day 3x/day

Pampered Pet Package: 1 TLC, 2 Potty Breaks, Edible Bone, and

Frosty Paw treat every day



Animal Care Center

at Cherry Way

Group Daycamp: -Already approved: Yes or No

If NO: need to have forms completed and approved by staff

If YES: Dates requested during stay _____

Grooming Services: (Please circle one if desired)

Regular Bath – just a bath, no brush out

Deluxe Bath – bath, nail trim, anal glands expressed, very light brush

Bath and Fluff – bath, nail trim, anal glands expressed, brush (Available for only certain breeds at the groomer’s discretion)

Full Groom – bath, nail trim, anal glands expressed, thorough brush out, haircut

Nail trim

Carding

*****Full Grooms and Deluxe Baths are subject to availability*****

Date you want grooming services to be done: _____

Time of pick up: _____

Veterinary Services Requested:

List all the belongings you are leaving with your pet:

Any other special requests or concerns:
