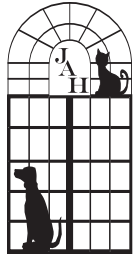




BOARDING CHECK-IN SHEET



Name _____

Pet Name _____

Boarding Dates _____

Emergency Contact Number _____

Medications _____
(\$2 additional per day)

Items Brought _____

Additional Services Requested During Boarding: *(Please Initial Per Service)*

YES

Dental (Teeth Cleaning)
(Requires Anesthesia) _____

Annual Wellness Exam/Vaccinations _____

Annual Wellness Screening _____

Spay/Neuter
(Requires Anesthesia) _____

Feline Declaw
(Requires Anesthesia) _____

Other Surgery _____

Nail Trim _____

Bath
(Requires Afternoon Pickup) _____

Microchip _____