

Boarding Intake Form

Drop off date: _____ **Pick up date & time:** _____

Animals Name(s): _____

Owners Name: _____

Phone Number(s): _____

Emergency Contact(s): _____

Do you have more than one animal boarding? **YES NO**

If yes, are they sharing a kennel? **YES NO**

Food and Medication

When does your pet eat? AM ___ cup(s) PM ___ cup(s) Free Feed _____

Is Kennedy's providing the food? (Science Diet) **YES NO**

Is Kennedy's administering medication to your pet? **YES NO**

If yes, there is a daily administration fee of \$2.00. _____

1. Medication name _____ dose & schedule _____ Last dose given _____

2. Medication name _____ dose & schedule _____ Last dose given _____

3. Medication name _____ dose & schedule _____ Last dose given _____

Is your pet likely to eat bedding? **YES NO**

Please list/describe any additional items you are leaving with your pet:

I certify and represent that I am the owner or owner's agent for the patient listed. I agree to pay in full at the time of discharge for services rendered. I understand that reasonable care will be taken with the items left with my pet, but I do not hold Kennedy's responsible for their return.

If the doctors find that your dog suffers from anxiety, they will be given anxiety medication. _____

Signature of Owner or Authorized Agent: _____ **Date:** _____