

Kansas City Veterinary Care, L.C.

Dog Boarding Information Form



Pet Name: _____

Owner Name: _____

Breed: _____ Age: _____ Male/Female

Color: _____ Boarding From _____ To _____

Feeding Instructions:

What kind of food? We commonly stock:

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Fish & Potato | How Often: |
| <input type="checkbox"/> W/D | <input type="checkbox"/> Duck & Potato | <input type="checkbox"/> Once a Day |
| <input type="checkbox"/> I/D | <input type="checkbox"/> Urinary SO | <input type="checkbox"/> Twice a Day |
| <input type="checkbox"/> Lamb & Rice | <input type="checkbox"/> DCO | |
| <input type="checkbox"/> Puppy/Growth | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Senior | <input type="checkbox"/> Own: _____ | |
| <input type="checkbox"/> Light | <input type="checkbox"/> Can _____ | |

How much should we feed your pet?

- | | | |
|--------------------------------|---------------------------------|---------------------------------------|
| <input type="checkbox"/> ¼ cup | <input type="checkbox"/> 1 cup | <input type="checkbox"/> + ¼ cup |
| <input type="checkbox"/> ½ cup | <input type="checkbox"/> 2 cups | <input type="checkbox"/> + ½ cup |
| <input type="checkbox"/> ¾ cup | <input type="checkbox"/> 3 cups | <input type="checkbox"/> Other: _____ |

Personal Items: Please list any personal items your pet will have while boarding with us.

Playtime:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Once a Day | <input type="checkbox"/> 15 min. |
| <input type="checkbox"/> Twice a Day | <input type="checkbox"/> 30 min. |
| <input type="checkbox"/> Every Other Day | <input type="checkbox"/> Extra Walk |

*There is an additional charge for playtime.

For Kennel Use:

- | | | |
|--|--|----------------|
| <input type="checkbox"/> Bathe on: _____ | <input type="checkbox"/> Capstar on: _____ | Done by: _____ |
| <input type="checkbox"/> Sunday pick-up: _____ | <input type="checkbox"/> Weight: _____ | Done by: _____ |
| <input type="checkbox"/> Surgery on: _____ | <input type="checkbox"/> TNT and ear check | Done by: _____ |

Additional Instructions:

- Please board with my other pet: _____
- Please bathe my pet: Regular Shedless Medicated-list below
- Single Service: Toe-nail trim Ear Cleaning Anal glands
- Special Needs-please specify below:
- Other-please specify below:

Boarder Observations

Date										
Stool										
Meals										
Attitude										
Vomit										

Walking Log

Date	AM	PM	Date	AM	PM

Stool:

1. Normal
2. Soft
3. Diarrhea
4. None

Meals:

1. All
2. Some
3. None

Attitude:

1. Excellent
2. Good
3. Fair
4. Poor

Vomit:

1. None
2. Bile
3. Food

Emergency Contact Number: _____

Signature: _____