



# Boarding Check-In Questionnaire

**Pet(s) name(s):** \_\_\_\_\_

**Owner First and Last name:** \_\_\_\_\_

Dog ☐ Cat ☐ Other ☐ \_\_\_\_\_ Boarding dates:     /     /     until     /     /

Pick up time (pick up times are required if your dog is receiving grooming services, Sunday pickups only between 4:45 p.m.-5:15 p.m.): \_\_\_\_\_ a.m. ☐ \_\_\_\_\_ p.m. ☐

## Please answer the following to the best of your knowledge

Current diet (brand name) \_\_\_\_\_

Amount: \_\_\_\_\_ Frequency: morning ☐ noon ☐ evening ☐ free feed ☐

If you would like us to provide your pet's food, select what type below:

Maintenance ☐ Life stage: puppy ☐ adult ☐ senior ☐

Prescription ☐ Type: \_\_\_\_\_

Will your pet receive our treats or have you provided them? KCVC Treats ☐ Owner Provided ☐

If boarding together, indicate if your pets can eat in their suite together ☐ or separately ☐

## Medications and Preventions

List any medications/supplements, amount, and frequency that your dog is taking, along with any refills needed:

Medication	Amount	Frequency	Last Given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Will your pet be receiving any medical treatment or surgeries during this stay?

Does your pet(s) have any additional personal items during this stay?

**Would you like any additional services to be done before pick up? Please note:**

**baths and shedless baths include a nail trim, anal gland expression, and ear cleaning.**

Bath ☐ Shedless Bath ☐ Nail trim ☐ Nail File ☐ Ear Cleaning ☐

Teeth Brushing ☐ De-mat ☐ Feet/Face/Fanny Trim ☐

### Enrichment Activities

Please select any additional enrichment activities you would like for your dog during this stay

Additional Walks ☐ Additional Play Time ☐ Buddy Walks ☐ Social Play ☐

Mid-day enrichment treats – Kong toy or thinker toy filled with frozen pumpkin ☐ or peanut butter ☐

Would you like to receive pictures of your pet throughout his/her stay? Yes ☐ No ☐

Does your pet have any food allergies? No ☐

Yes (please explain) ☐ \_\_\_\_\_

### Special Needs/Notes:

If my pet requires services during his/her stay, and if there are any findings during examinations that require treatments, I authorize those treatments including the cost of medication administration while boarding.

A doctor or technician will call the provided number prior to performing any tests (other than the exam) or administering any medications. If they cannot reach you:

Yes, treat as recommended ☐ No, do not treat ☐

The prior information is correct and I have read and agree to the policies and contract terms on the second page. I also understand that Kansas City Veterinary care L.C. is not responsible for lost or damaged personal items.

Emergency Phone(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_