



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: _____