

Select Kennel Size –

🞏 Extra Small ($32/night) 🞏 Small ($36/night)

🞏 Medium ($40/night) 🞏 Large ($44/night)

🞏 Feline ($23/night) 🞏 Feline Suite ($25/night)

**(470) - 363 – 8578**

**2242 Roswell Road Marietta, Georgia 30062**

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| **Boarding Information** | | | | | | |
| Pet’s Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Boarding dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | *Check out time is 12:00 noon* ***during the week and holidays****. An additional charge will be added for late check-outs.* ***Sunday hours are 5 to 6 p.m. only.*** |
| By signing below, you are acknowledging that all information below is correct, and you agree to the waiver and release you previously signed.  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Would you like any services while your pet stays with us during this stay?**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 🞏 **Exit Bath** Includes nail trim and ear cleaning. **Please let us know what day you would like this scheduled.**  *\*Prices vary based on size; Anal gland expression upon request* | 🞏 **Nail Trim**  $15.00 per pet  🞏 **Nail Dremel**  **(Electric nail grind)**  $20.00 per pet | | 🞏 **Full** **Groom or Mini Groom**  *Prices vary based on cut and size. Appointment only, based on availability during stay.* | | 🞏 **Vet Services**  *If checked, please fill out back sheet. Must be scheduled beforehand with clinic.* | | 🞏 **Temperament Test for Doggie Day Care**  ~~$15~~ per pet  **FREE** WITH BOARDING \*\*Additional paperwork needed | | 🞏 **Doggie** **Day Care**  $12 per day per dog Monitored group play with other dogs | | 🞏 **Individual Play Time**  $8 per day per dog  30 minutes of one-on-one time with staff members | | | | | | | | |
| **Feeding Information**  (Please note there is an additional fee if we have to use our kennel food, this includes if you bring your own food, but it runs out before picking up) | | | | | | |
| Brought own food?  🞏 Yes 🞏 No | | How much per serving? | | | | How many times a day? |
| \*\*\* **Food** **Allergies?** \*\*\* *⭘ Yes / ⭘ No*  *If yes, please list:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Personal Items** | | | | | | |
| Please list all personal items you will be leaving for boarding visit. This includes bedding, bowls, toys, etc.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Medication Information** | | | | | | |
| Medication Name: | How many times per day is it given? | | | Time & Quantity  (please include AM/PM) | How do you administer it? (we provide peanut butter, pill pockets, wet food or we can give by hand) | |
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