

# OLD TOWN HORSE & PET BOARDING

Check-In Date \_\_\_\_\_ Time \_\_\_\_\_

Expected Check-Out Date \_\_\_\_\_ Time \_\_\_\_\_

## OWNER INFORMATION

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

**EMERGENCY CONTACT** – Please list someone other than you that can act on your behalf:

Name of Emergency Contact \_\_\_\_\_ Ph # \_\_\_\_\_

## PET(S) INFORMATION

**Pet 1 Name** \_\_\_\_\_ Birthday/Approximate age \_\_\_\_\_

Pet 1 Breed \_\_\_\_\_ is Pet 1 spayed/neutered? **Y / N**

**Pet 2 Name** \_\_\_\_\_ Birthday/Approximate age \_\_\_\_\_

Pet 2 Breed \_\_\_\_\_ is Pet 2 spayed/neutered? **Y / N**

**Additional Pets** \_\_\_\_\_

## VETERINARIAN INFORMATION

Veterinarian \_\_\_\_\_ Vet phone # \_\_\_\_\_

Does your pet have any health or medical issues/conditions that we need to be aware of? If YES, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION INFORMATION** – Does your pet take medications, vitamins or supplements? **Y / N**

List Pet Name, Medication Name and Dosage Instructions for each medication,

Pet \_\_\_\_\_ Medication \_\_\_\_\_ Dosing instructions \_\_\_\_\_

Pet \_\_\_\_\_ Medication \_\_\_\_\_ Dosing instructions \_\_\_\_\_

Pet \_\_\_\_\_ Medication \_\_\_\_\_ Dosing instructions \_\_\_\_\_

Pet \_\_\_\_\_ Medication \_\_\_\_\_ Dosing instructions \_\_\_\_\_

Does your pet have any allergies? Any food allergies? \_\_\_\_\_

Is your pet aggressive towards people or animals? **Y / N** If YES, please explain: \_\_\_\_\_

Does your pet climb fences, dig or push under fences, jump walls or dart through open doors? Please explain:

\_\_\_\_\_

**FEEDING INSTRUCTIONS** – Circle all that apply

What kind of food are you providing for your pet? Wet/Canned Food Dry Kibble Speciality Food Treats

Explain feeding directions and feeding schedule. Please note the quantity of food and the times to feed.

Morning: Wet/Canned \_\_\_\_\_ Dry Kibble \_\_\_\_\_ Other \_\_\_\_\_

Afternoon: Wet/Canned \_\_\_\_\_ Dry Kibble \_\_\_\_\_ Other \_\_\_\_\_

Evening: Wet/Canned \_\_\_\_\_ Dry Kibble \_\_\_\_\_ Other \_\_\_\_\_

How often can your pet have treats? Circle all that apply Morning Noon Night Anytime No Treats

Any additional feeding instructions? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you think we should know about your pet? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEPARTURE OPTIONS** – Departure Services (prices vary):

\_\_\_\_\_ I do not want my pet(s) to be bathed or groomed prior to pick up.

\_\_\_\_\_ I am requesting a BATH for my pet(s) prior to pick up – price dependent on pet and service requested.

\_\_\_\_\_ I am requesting a FULL GROOM for my pet(s) – prices dependent on pet and service requested.

Grooming Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Nail Trim Only – price dependent on pet size and service requested.

\_\_\_\_\_ Add on teeth brushing to any service for \$10.

By initialing, I am stating that my pet(s) have current vaccinations and that I am responsible for providing current vaccines for my pets. This includes Rabies, Parvo/Distemper and Bordetella for dogs [redacted] and/or Rabies and FVRCP for cats. [redacted]

By initialing, I authorize Old Town Horse & Pet to provide necessary treatment for my pet at my expense. This includes, but is not limited to flea/tick treatment and to seek veterinarian care if necessary. [redacted]

By initialing, I authorize that the flea/tick preventative Spot On oil can be put on my pet(s) if deemed necessary during my pet’s stay. [redacted] If not, please explain \_\_\_\_\_

\_\_\_\_\_

By initialing, I am acknowledging that I am aware that there is not any overnight staff at the facility. Staff is available during business hours. [redacted]

At drop off, list all items that have been provided for your pet’s stay: (food, bowls, bedding, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for choosing OLD TOWN HORSE & PET!*