



Your Check List, Medicines required during Stay & Shot Records

Pet Name: _____, Date: _____

Pet Owners Name: _____

Medicines Required During Stay:

Medication	Dosage	Times/Day	Medication Administered How
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shots Required For The Pet's Stay:

Vet. Shot Record on File? Y / N, If Yes nothing more is required.

Shot	Date Administered	Clinic
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

The Information above is accurate; The Pet Owner has provided Medication/s for the Pet's stay.

Owner's Signature: _____ Date: _____

Print Name: _____

Check List

- ❖ Pet has all required vaccines
- ❖ Pet is treated for fleas and Ticks & Heart Worms
- ❖ Pet Registration form is filled out
- ❖ All Forms Completed and Signed
- ❖ Pre Proportioned Dog Food Provided, We can feed from a bag.
- ❖ Med's in a container and labeled
- ❖ Treats packed for the stay
- ❖ Belongings, Toys, Blankets, Etc, Please do not leave anything that irreplaceable. Things can get destroyed
- ❖ Questions for US?

If we have forgotten anything please let us know.

We want you to have safe journeys, resting assured that your Pet is being given the best possible care the Pet can have while you are away!