

# Gardendale Country Kennels

432-978-9329

## Boarding Check-In

Client Name: \_\_\_\_\_  
Phone Numbers: \_\_\_\_\_  
Arrival Date and Time: \_\_\_\_\_  
Departure Date and Time: \_\_\_\_\_  
Names and Phone Numbers of anyone authorized to pick up your pets: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Must show photo ID when picking up pets.)

Pet Name: \_\_\_\_\_  
Items Brought With Pet: \_\_\_\_\_  
Does this pet need to be fed alone? \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
Items Brought With Pet: \_\_\_\_\_  
Does this pet need to be fed alone? \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
Items Brought With Pet: \_\_\_\_\_  
Does this pet need to be fed alone? \_\_\_\_\_  
Pet Name: \_\_\_\_\_  
Items Brought With Pet: \_\_\_\_\_  
Does this pet need to be fed alone? \_\_\_\_\_

## Client Agreement

1. My pets have been vaccinated and documentation is up to date and has been provided.
2. Any medical issues or medication needs have been provided on the **Medication Authorization Form**.
3. I have provided the food that my pet is accustomed to eating in a sufficient quantity to cover the boarding days.
4. I understand and have signed the **Boarding Agreement**.
5. I agree to pay in full all fees for the boarding of my pet upon pick up of my pet. I understand that holiday and peak time boarding and any stay longer than 3 days require a deposit of 1/2 of my cost.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Deposit Made: \_\_\_\_\_

## Feeding Information

Owner is required to supply the food their pet will need for their stay. Your pet will be much happier and healthier if they are fed the same food they are accustomed to while they stay at our kennels. If Gardendale Country Kennels has to purchase food for your pet you will be charged for that food and for the transportation to acquire that food. Any left-over food will be returned with the pet. If you have multiple pets that must be separated for meals that requires a separate kennel and we must be made aware of that on this form.

**Meal instructions including multiple feedings, amount of food, name of food, times of feedings.**

Pet's name and Instructions: \_\_\_\_\_  
\_\_\_\_\_

Pet's name and Instructions: \_\_\_\_\_  
\_\_\_\_\_

Pet's name and Instructions: \_\_\_\_\_  
\_\_\_\_\_

Pet's name and Instructions: \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Will you be leaving medications for your pets? \_\_\_\_\_

Pet's name and any health concerns or behavioral issues: \_\_\_\_\_  
\_\_\_\_\_

Pet's name and any health concerns or behavioral issues: \_\_\_\_\_  
\_\_\_\_\_

Pet's name and any health concerns or behavioral issues: \_\_\_\_\_  
\_\_\_\_\_

Pet's name and any health concerns or behavioral issues: \_\_\_\_\_  
\_\_\_\_\_

My Vet's Name and Contact Number: \_\_\_\_\_  
\_\_\_\_\_