

Petz & Palz Inn

840 Peterson St

Spring Valley, MN

507-346-2734

petzandpalzinn@gmail.com

Feline
Check-in:

Pet's Name: _____

Owner's Name: _____

Boarding Dates:

Emergency Contact:

Arrival _____ Departure _____ AM
_____ PM

Name: _____

Ph#: _____

Feeding Instructions:

Dry/Canned

Amount/Frequency

Medications/Directions:

Additional Pet(s) sharing kennel?

Are Vaccinations UTD? UTD NEED

RV (required)

FVRCP (required)

Additional Services: YES NO

Wellness/Exam

Leukemia Vaccine

NT

Ear Cleaning

Other Concerns:

Activity Level

Eating/Drinking

Coughing/Sneezing/
Vomiting/Diarrhea

Medical Condition

Allergies/Sensitivities

Bite History

Destroy non-food objects

Get along w/other animals?

Get along w/small children?

Blanket in Condo?

Personal Items/descriptions:

Can we post your pet on FB? Yes No

Would you like pictures sent to an email? Yes No

Email: _____

Owner Signature: _____

Date: _____

****We can not guarantee that personal belongings such as beds, blankets, etc. will be clean when they leave. We will certainly try our best!****

Kennel Assistant: _____

Uploaded?

Vaccines Given/Appt Made?

N/A