**Owner and Pet’s Information**

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boarding Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick up: Morning \_\_\_\_\_\_ Afternoon \_\_\_\_\_\_

Feeding instructions: (Please indicate amount and how many times a day)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Boarding Registration Form**

**Vaccines**

In order to board at our facility, please understand that we require proof of vaccinations from a licensed veterinarian. For dogs, we require current Rabies, Bordetella, and DA2PP immunizations. For cats, we require current Rabies and FVRCP immunizations. If your pet(s) is not up to date on vaccines, we will be happy to administer them. This may also come with the cost of an exam, depending on the date of the last exam of the pet(s). We require these vaccinations to protect your pet and the other pets in our care from the more common contagious diseases and they offer excellent protection from those diseases. Unfortunately, there are other contagious diseases that can be brought into our kennel by pets coming here to board and spread through the air even before that pet shows symptoms. Please list below if your pet is up to date or if you give authorization to the veterinarians to administer the necessary vaccines.

\_\_\_\_\_(Please Initial) My pet is up to date on vaccines. (Must have proof)

\_\_\_\_\_(Please Initial) I authorize the veterinarian at the Animal Hospital of Gurnee P.C. to administer the necessary vaccines to my pet(s). Please list which vaccines are needed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Items**

\_\_\_\_\_(Please Initial)We advise against bringing personal items (such as toys, bones, beds, bowls, towels and blankets) as they can be lost or damaged. We provide freshly washed blankets, towels and beds for each pet. However, if you wish to bring such items, we will happily take the items and use them as you request. However, we assume no responsibility if such items are lost or damaged. If we become concerned that any item may be harmful to your pet(s), it will be removed. Please list any personal items you have brought with your pet. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Food**

If you want to provide a specific food or treats for your pet, please bring an adequate supply, along with special instructions, with you when you check in. We will feed their food at no additional cost. If you do not bring food for your pet, we will provide our standard kennel food.

\_\_\_\_\_(Please Initial) I authorize my pet to eat the food provided here.

\_\_\_\_\_ (Please Initial) I brought special food. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication**

\_\_\_(Please Initial) If your pet has medications, we will administer them to your pet during their stay with us. There will be a small fee applied each time that we administer a medication in addition to the cost of boarding. All medications must be properly labeled with the name, strength of the medication and the directions indicating how and when it is to be administered. Please list any medications your pet is taking and the directions given with them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_(Please Initial) My pet does not have any medications that need to be administered.

**Illness or Emergency**

Sometimes, a pet may become sick while boarding. We will try to contact you first to discuss the situation and treatment options. If we cannot reach you, we will try to call your alternate contact. If we are unable to contact anyone at the phone numbers you provided, the veterinarians at The Animal Hospital of Gurnee, P.C. will decide what appropriate medical care for your pet is and treat accordingly. We will continue to try to reach you or your alternate contact.

\_\_\_\_\_(Please Initial) I authorize any medical treatment considered necessary for my pet by the veterinarian at The Animal Hospital of Gurnee, P.C.

\_\_\_\_\_ (Please Initial) Contact me first before any treatment is done for my pet. If I cannot be reached, contact the alternative emergency contact I have listed.

Owners Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand I will be responsible for any charges associated with the treatment of my pet(s).**

**Grooming**

Our groomer Carolyn is back! If grooming is requested during boarding, it MUST BE SCHEDULED IN ADVANCE!! Please call 847-360-1630.

**\_\_\_\_\_\_\_( Please Initial) TNT ( toe nail trim ) with a TECH ONLY ($23)**

**By signing this, I acknowledge that I have read, fully and understand, and agree to the terms and conditions in this Boarding Registration Form.**

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

*Owners Signature Date*