

AT THE OAKS PET HOSPITAL, INC. BOARDING



OWNERS NAME: _____

PET (1) NAME: _____ BREED: _____ COLOR: _____

PET (2) NAME: _____ BREED: _____ COLOR: _____

PET (3) NAME: _____ BREED: _____ COLOR: _____

IN DATE: _____

OUT DATE: _____

Is your pet currently on any medications? **Yes/No** (Medications can be administered at **\$2.00 per treatment**)
(If so, please list medication schedule /when last given): _____

Did you bring food/treats? **Yes/No** _____

Did you bring toys? **Yes/No** _____

ADDITIONAL SERVICES

Kennel Bath: **Yes/No** (Complimentary bath/towel dry with a 3 night stay
FEEDING, WALKING, AND CLEANING ARE PRIORITY.
COMPLIMENTARY BATHS ARE GIVEN ONLY IF TIME PERMITS.

Grooming: **Yes/No** (Ask us about additional charges, appointment required)

Nail Trim: **Yes/No** (Discounted to **\$12.00** for boarders)

Any additional special requests: _____

