

Boarding / Daycare in-take



YOUR NAME: _____

TELEPHONE: _____

DEPOSIT PAID: _____

PET'S NAME(S) : _____

BREED/S: _____

EXIT BATH?: _____

PICK-UP DATE AND TIME: _____

BELONGINGS: _____

FEEDING SCHEDULE: _____

MEDICATION NAME: _____ TYPE: PILL/ INJECTION / SPRAY / OTHER _____

WHEN TO ADMINISTER: _____

REASON FOR MEDICATION: _____ ANY AILMENTS? _____

HOW TO GIVE MEDICATION: _____

Your pet is very important to us. All of us at Pup-N-Cuts would like to assure you that every effort will be made to make your pet's experience as safe, relaxing, and as pleasant as possible.

Please initial all that apply:

- Feeding: I will provide my pup's food pre-portioned, labeled, and separated per meal. I understand special feeding instructions must be given at drop-off. House food is available for \$5 per feeding.
- Medication: I understand most medications can be administered for \$5 per application/dose and agree to disclose any food allergies.
- Requirements: I confirm my pup has passed the required temperament test, is spayed/neutered (by 8 months), current on Rabies, DHLPP, and Bordetella, and safe around other dogs.
- I confirm my pup receives monthly flea and tick prevention.
- Drop-Off & Hours: I understand boarding drop-off is by 12:00 PM (Mon-Sat) and that weekend and holiday hours are limited.
- I consent to photos of my pup being used for Pup-N-Cuts marketing and social media.
- By signing this form, I confirm all information provided is accurate and I will notify Pup-N-Cuts of any changes.

Signature

Printed name

Date