

Pet's Name:

Owner's Name:

Check in Date:

Check Out Date:

Time: \_\_\_\_\_:\_\_\_\_\_

Is your pet a:

**BED CHEWER?** Yes No | **HOLE DIGGER?** Yes No | **FENCE JUMPER?** Yes No

**Does he/she have a carrier:** Yes: (color) \_\_\_\_\_ No

Flea and Tick Preventative (i.e. Advantix, Vectra 3D...) \_\_\_\_\_ Last Applied \_\_\_\_\_

**Food:** Did you bring your pet's own food? Yes No

If so, what **brand** is it: \_\_\_\_\_

**Container** (i.e. Original bag, baggies, plastic bin w/ blue lid...) \_\_\_\_\_

If not, which flavor would you like us to feed your pet? **CHICKEN - BEEF - LAMB**

**Amounts:**

**(IN FULL CUPS - PLEASE NOTE IF YOUR OWN SCOOP IS A DIFFERENT MEASUREMENT)**

\_\_\_\_\_ Morning

\_\_\_\_\_ Midday

\_\_\_\_\_ Evening

Please list any nutritional supplements and their dosages: \_\_\_\_\_ Amount: \_\_\_\_\_

**Medications:**

-Please note that there is an additional charge per night for medication administration-

**We may ask for you to speak with a doctor upon drop-off to discuss any medical necessities**

Medication: \_\_\_\_\_  
Frequency, Duration, How is it given (Oral/Spray/Etc): \_\_\_\_\_

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**What toys did you bring?**

(Kong-Type, Nylabones, etc.)

No stuffed toys please:

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

**What bedding did you bring?**

Thin Blankets and T-shirts Only

No thick or stuffed bedding, please:

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

**BATH DURING STAY? (\$35-\$55) Yes No**

**NAIL TRIM? (free) Yes No**

Owner Initials: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

Tender Touch Veterinary Hospital (207) 839-7456