



Guest Boarding Form

Pet Name: _____ Check In Date: _____
Current vet clinic: _____ Check Out Date: _____

DIET INFORMATION

Brand of Food: _____

How many meals per day: _____

How much per meal (Please be VERY specific):

Which meals still need to be fed today?:

☐ Breakfast ☐ Lunch ☐ Dinner

May we entice your pet to eat? (We use warm water, low-sodium chicken/turkey broth, or wet food mixed with water)

☐ Yes ☐ No

Does your pet have any food limitations? (Ex: allergies or pancreatitis) _____

My Dog can have Milkbones ☐ Yes ☐ No

If my pet starts having diarrhea, I give permission to administer a G.I. supplement. \$5.00 per day

(we use Endosorb)

☐ Yes ☐ No

If my pet is showing signs of anxiety, I give permission to administer Zylkene Nutritional Supplement. \$5.00 per day

☐ Yes ☐ No

If my dog runs out of food I give permission to use the PH dry food (Science Diet Sensitive Stomach and Skin Chicken)

☐ Yes ☐ No

☐ **I would like my pet to be groomed**

(Please fill out a Grooming Appointment Request Form)

I give permission for photos or video my pet to be posted on the Bradford Hills Pet Hotel Website or Facebook page. Posts may include pet's first name and breed but will not include any other identifying information. Photos can be removed any time at owner's request. ☐ Yes ☐ No

MEDICAL INFORMATION

☐ **Medication Fee Supplements \$5.00**

Includes Supplements & Vitamins, pets that get more than 3 meals per day or special feeding times or instructions

☐ **Medication Fee \$9.00**

Includes Supplements and Prescription Meds

☐ **Diabetic/Extensive Medication Fee \$15.00-\$24.00**

Includes Intermediate Medical, Diabetic, Sub Q fluids, Injectable medication, Pets that need additional support to walk/go potty, 5 or more medications/supplements per day.

☐ **Difficult Medication Fee additional \$9.00**

Medication Information

Medication Name

Dose/Frequency

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Do we need to administer any Medications today?

When was the last time Medications were given?

Please give specific times.

Has your pet been coughing or sneezing lately?

☐ No

☐ Yes (explain): _____

Are there any other medical conditions we should be aware of when caring for your pet? Ex: limping, allergies, sight loss, deafness?

Dog Packages

All packages include lodging, bedding, dry food, water, bowls, fenced in outside/potty breaks 4x daily & Milkbones

☐ **Silver package**

Client Rate: \$55 per day

Non-Client Rate: \$57 per day

☐ **Gold package**

Includes one session of a one-on-one activity service every other day of your pets stay

☐ Play time or ☐ Cuddle time or ☐ Outside time

Client Rate: \$60 per day

Non-Client Rate: \$65.00 per day

☐ **Platinum package**

Includes one session of a one-on-one activity service every day of your pets stay

☐ Play time or ☐ Cuddle time or ☐ Outside time

Client Rate: \$67 per day

Non-Client Rate: \$73.00 per day

☐ **Add a food service to your package**

☐ Frozen Kong \$6.00 per treat

☐ Peanut Butter Dippers \$5.00 per treat

☐ Bedtime Snack \$5.00 per treat

☐ Every day ☐ Every other day ☐ Custom _____

☐ **Add additional activity services to your package**

_____ \$15.00 per service per day

☐ Every day ☐ Every other day ☐ Custom _____

Cat Packages

All packages include lodging, free roam exploration 2x daily, dry food, water, bowls, litter, litter box, bedding and toys.

☐ **Silver package**

Client Rate: \$36.00 per day

Non-Client Rate: \$41.00 per day

☐ **Gold package**

Includes one session of a one-on-one activity service every other day of your pets stay

☐ Play time or ☐ Cuddle time or ☐ Exploration time

Client Rate: \$40.00 per day

Non-Client Rate: \$46.00 per day

☐ **Platinum package**

Includes one session of a one-on-one activity service every day of your pets stay

☐ Play time or ☐ Cuddle time or ☐ Exploration time

Client Rate: \$46 per day

Non-Client Rate: \$51.00 per day

☐ **Add a food service to your package**

☐ Kitty Churu \$4.00 per serving

☐ Pounce or Friskies Treats \$4.00 per serving

☐ Tuna & Crackers \$4.00 per serving

☐ Every day ☐ Every other day ☐ Custom _____

☐ **Add additional activity services to your package**

_____ \$15.00 per service per day

☐ Every day ☐ Every other day ☐ Custom _____

Pet Luggage: (list all the items you brought)



Emergency Contact: Name: _____ Number: _____

Pet Medical Issues: _____

Allergies: _____

By signing I agree to all the terms listed in the client contract as well as charges listed above. An updated client contract can be provided upon request. **If your pet requires the medical boarding charge, a credit card is recommended to be kept on file in case of emergencies.**

Owner Name: _____ Signature: _____ Email: _____