



1133 S. Fort Thomas Ave, Fort Thomas, KY 859-781-7387

Client Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Drop Off Date: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_ AM or PM (circle)?

Note: \$10.00 late fee will be added for each day your pet is boarded past pick-up date

**VACCINATIONS ARE DUE PRIOR TO BOARDING**

Emergency Phone # 1: \_\_\_\_\_

Emergency Phone # 2: \_\_\_\_\_

**FEEDING INSTRUCTIONS**

Are You Bringing Your Own Food? <input type="checkbox"/> Yes <input type="checkbox"/> No? If Yes, What Type? _____	Feeding Options (check all that apply)
Want Us To Use Our In-House Food? <input type="checkbox"/> Yes <input type="checkbox"/> No? If Yes, Feeding Amount? (e.g., 1Cup per day)	<input type="checkbox"/> Leave Down  <input type="checkbox"/> Morning Only <input type="checkbox"/> Evening Only <input type="checkbox"/> Add Treats
AMOUNT: _____  <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> BOTH?	

Is your pet on any medications? Please note medication and dosing instructions below:

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

Type: \_\_\_\_\_ Frequency: \_\_\_\_\_

**Note: A FEE is incurred FOR HOSPITALIZED BOARDERS**

Would you like any services performed on your pet during his/her stay? Please note here and inform the receptionist of these upon drop off: \_\_\_\_\_

In the event my animal would need extra attention (decreased appetite, upper respiratory issues, etc.) the attending veterinarians will promptly treat my pet's acute medical condition, at my cost. FTAH will notify me if any other procedure (s) need to be done, and billed.

**Please do not leave any toys, bowls, blankets, and leashes. We are not responsible for any of these items if lost.**

SIGN HERE: \_\_\_\_\_ DATE: \_\_\_\_\_