

Elmhurst Animal Care Center Boarding Registration

Client's Name _____

Pet's Name _____

Reservation Date _____ To _____ Time _____

Toys or Personal Belongings

We strongly encourage you to not leave any personal belongings because they can get lost during their stay. However, if you do decide to leave them please list them below and we will do our best to return them to you. _____ (Please initial)

Diet (please circle)

Our food Own food Type of food _____

AM NOON PM
How much at each feeding? _____

Did you bring your own measuring cup? Yes/No

Can they have our treats? Yes/No

Does your pet have any behavioral or medical problems that we should be aware of?

If you have multiple pets can they stay together? (Please circle) Yes or No

Are there any other services your dog needs: **Surgery Lakeshore Grooming**

Medications

Please list any medications that your pet will need to be given during his/her stay.

| Medication | Dose | Frequency |
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| Medication | Dose | Frequency |
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| Medication | Dose | Frequency |
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| Medication | Dose | Frequency |
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Would you like a doctor to check your pet every morning for an extra charge? Yes/No