

Boarding Check-In Form

Ledgebrook Kennel drop off/pick up hours

Monday-Friday: 7am-9am & 4pm-5pm

Saturday-Sunday: 9am-10am & 4pm-5pm

Please read this form carefully and fill out all sections required

Owner Name: _____ Owner phone: _____

Pet's Name: _____ Current Vet clinic: _____

Drop off Date/Time: _____ AM / PM Pick Up Date/Time: _____ AM / PM

Note: All pets must be up to date with all kennel vaccine requirements. If your pet is not up to date by signing this form you the owner/caretaker of this pet give permission to Woburn Animal Hospital/Ledgebrook Kennel to up-date all over due requirements. By signing this form you the Owner/caretaker of this pet also acknowledge that all services rendered are to be paid for in full at time of check out.

Feeding Instructions: Does your pet need a meal at drop off **YES** **NO**

Please check one: Ledgebrook Kennel Food Own Food Brand of food: _____

AM (amount): _____ Noon (amount): _____ PM (amount): _____

Medication Instructions

Medication Name: _____ Dosage: _____ How often: _____

Medication Name: _____ Dosage: _____ How often: _____

Medication Name: _____ Dosage: _____ How often: _____

Medical Concerns: _____

Food Allergies: _____

Own Belongings: _____

Playtime/Grooming Services

Please circle YES or NO

Please note all playtime/grooming services are an additional charge. If you do not sign up for playtime, your pet will get a walk 3x per day only.

Do you want your dog enrolled in our doggy daycare program during the day? **YES** **NO**

Do you want your dog/cat to have one on one with a staff member? (Cats / Senior pets/ Dog aggressive dogs)..... **YES** **NO**

Please check off the service(s) needed:

Bath..... Furminate.....

Nails..... Teeth (Must bring own toothbrush or one will be dispensed)....

Ears.....

- Owner will be charged for the exam and vaccines required if pet(s) are not up to date with the vaccine policy.
- In the case of an emergency or illness we will contact all emergency numbers listed on this form. If no one can be reached we will proceed with the appropriate medical treatment necessary to ensure the best care for your pet(s). This includes medical attention if needed at Woburn animal hospital.
- Owner is responsible for payment at the time of discharge for all services rendered.

Emergency Contact 1: _____

By signing this form you the owner/caretaker of this pet (s) agree to all terms provided by Ledgebrook Kennel. If yes please sign/date below.

Owner Signature: _____

Date: _____