BOARDING FOOD/MEDICATION(S) LIST

Owner Name_____ Pet Name_____

Arrival Date: _____ **Departure Date**: _____

Please list food you brought and how you want us to give it to your pet. If you want is to use our food, please list how much you want us to feed your pet.

Food: Owner provides ___ DAH provides ___

Amount to feed: _____

Frequency: once daily ___ twice daily ___ free feed __

Services while boarding:

Bath____ Nail Trim ____ Anal Glands ____ Clean Ears ____ Other _____

Medication*: Please list any medication your pet is receiving, the dose and frequency and when it was given last.

DAH use only

Medication/ strength	Amount (dose)	Frequency	Last Given	Day1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	

* Please note there is a charge of $2.10 per day of boarding for administering medication(s). If pet has a contagious infection the medication charge will increase due to the process of handling and sterilizing of all bedding and bowls.

_____ _____

Owner Signature Date

*I have reviewed medication and food with owner: _____

DAH staff member

Check-in weight: _____ Check-out weight: _____

DAH use only

Medication/ strength	Amount (dose)	Frequency	Last Given	Day		Day		Day		Day		Day		Day		Day	

DAH use only

Medication/ strength	Amount (dose)	Frequency	Last Given	Day		Day		Day		Day		Day		Day		Day	

DAH use only

Medication/ strength	Amount (dose)	Frequency	Last Given	Day		Day		Day		Day		Day		Day		Day	