



KEVERTIN|PET RESORT

BOARDING INTAKE FORM

Information pertaining to this vacation

Pet's Name: _____ Check-in date: _____ Check-out date & time: _____

Will you be providing your pets food? (We will provide food if not): YES NO

How much do you feed your pet (Amount & frequency)? _____
(Example: 1-1/2 cups a.m. and p.m.)

Can your pet eat our food, chicken, beef, broth, cheese etc... if necessary? YES NO

Is your pet on medications (Including supplements/vitamins)
that we need to administer during his/her stay? YES NO

If so, please bring medications in a weekly a.m./p.m. pill organizer with a list of medications and dosage instructions.
We can set medications up in an organizer for you, if you prefer, for a \$10 charge.

Prior to picking up your pet, would you like him/her to have... (If yes, please circle one)

[Exit Bath] [Nails Clipping Only] [Full Groom] (Please list any specific grooming instructions)

Standard Information

Name of your Veterinarian: _____

Emergency Contact Information: _____

Do we have permission to seek medical attention for your pet while he/she is in our care?: YES NO

X Print, Sign and Date: _____