



## Boarding Intake Form

Dog's Names \_\_\_\_\_ Breed/description \_\_\_\_\_

Phone number where you can be reached in case of an emergency \_\_\_\_\_

### Food & Medications

How many times per day does your dog eat?    1    2    3    free feed

What is the serving size of food? \_\_\_\_\_ cup(s)

Is Almost Home providing the food?    YES    NO

If Almost Home is providing the food, which do you prefer?    PUPPY    ADULT

Is Almost Home administering medication to your dog?

If yes, please indicate: Medication name \_\_\_\_\_ dose & schedule \_\_\_\_\_

Medication name \_\_\_\_\_ dose & schedule \_\_\_\_\_

Medication name \_\_\_\_\_ dose & schedule \_\_\_\_\_

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Are you leaving a leash?    YES    NO    If yes, describe \_\_\_\_\_

Please list any additional items your are leaving with your dog\* (please label each item)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Almost Home Dog Daycare and Boarding is not responsible for items lost, destroyed, or damaged.

Drop off date \_\_\_\_\_ Pick up date and time \_\_\_\_\_

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### Terms and Conditions

By signing below I understand that:

1. I have been provided an Almost Home Dog Daycare and Boarding brochure.  
If not, I will obtain a brochure before signing.
2. I have the right to pick up my dog at anytime during regular business hours.
3. I will be charged for all nights that I have reserved for my dog unless 5 days notice is given.
4. Dogs not picked up by 12:30 p.m. Monday-Friday will be charged for  $\frac{1}{2}$  day of daycare.
5. I authorize Almost Home to transport my dog to a licensed veterinarian for medical evaluation and/or treatment should it be deemed necessary by an owner or employee of Almost Home Dog Daycare and Boarding. I understand that I will be responsible for all charges related to the medical evaluation and/or treatment.

Signature \_\_\_\_\_ Date \_\_\_\_\_