

# Overnight Checklist Form

Pet Name: \_\_\_\_\_

Emergency Number(s) \_\_\_\_\_

**\*Would you like your pet(s) Bathed/Groomed while boarding?**     YES     NO

\*Grooming Instructions, Please Circle: Nail Trim, Clean Ears, Express Anal Glands, Bath, Other:  
\_\_\_\_\_

**\* Would you like your Dog to receive a daily treat to help calm anxiety while boarding?**  
 YES  NO (\$2.00 per treat daily, If you bring in your own bag of composure, Nursing services are only .50 cents per day)

**Would you like your Pet's Teeth Brushed? \$10.00**     YES     NO (Includes all Teeth using our CET Ezymatic Tooth Paste for a Good Cleaning, Tooth Paste is Flavored for the Pets Enjoyment)

**\*Would you like your pets to stay in same cage together?**     YES     NO,  
If yes which Pet's would you like to be together? \_\_\_\_\_

**Are any medications necessary while boarding?**

Please list them and dose amount to give     YES     NO  
\_\_\_\_\_  
\_\_\_\_\_

**Items left with pet(s), If you choose not bring your own blankets for your pet we will provide them. If items are not safe for your pets please document not to place anything cage.**  
\_\_\_\_\_  
\_\_\_\_\_

**Is there anything we need to know about your pet?**  
\_\_\_\_\_

**Feeding Instructions (how much do you feed and when) (Own/Clinics)**  
\_\_\_\_\_  
\_\_\_\_\_

**When was the Last time your pet ate?**  
\_\_\_\_\_

Date of Pickup \_\_\_\_\_

Please Check One:  AM     PM

Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_