

Healthy Paws Veterinary Center

Boarding Intake Form

Please take the time to fill out the below information.

Pet's Name _____

Owner's Name _____

Emergency Contact Name and Phone Number _____

Personal Belongings coming with your pet _____

How much and how often does your pet eat? _____

Is your pet on any medication? _____

If yes, what are the medication's directions _____

Do you want extra play time: Yes _____ No _____

Do you want an extra night time treat per day Yes _____ No _____

Do you want an exit bath or groom? _____

Do you authorize Healthy Paws to take photos and/or videos of your pet during their stay for social media? (please sign if yes)

What time are you planning on picking up? _____

Any other request while your pet is boarding _____
