

Online Boarding Form (return to cherokeec@kc.rr.com or bring in with pet)

Pet name: _____ Client name: _____

Hours of operation:

Monday, Tuesday, Wednesday, Thursday: 7 am – 7 pm (It is extremely beneficial to the staff if
Friday: 7 am – 5:30 pm all admissions could occur at least 30 minutes
Saturday: 7 am – 3 pm prior to closing)

Arrival date: _____ Discharge date: _____

Emergency numbers: name _____ () _____
Name _____ () _____

Diet: _____ will you bring your own supply Yes No
(we feed Hill's Science Diets. Any other types of food will need to be brought)

How much food to feed and how often _____

Any water restrictions: NO Yes _____

Medications:

Example:

Drug: *L-thyroxine 0.8 mg* how much: *1 tablet* how often: *twice daily*
Begin when: *Thursday evening, January 1*

Drug _____ how much _____ how often _____
Begin when: _____

Drug _____ how much _____ how often _____
Begin when: _____

Drug _____ how much _____ how often _____
Begin when: _____

Items left with pet: *(be descriptive please. Ie. Blue baby blanket, red feather toy, etc)*

Carrier color _____

Cats: Professional groom on release weekday (Friday for a Saturday release) Yes No