

## Kiln Creek Animal Care Boarding Information

Please let us know anything about your pet(s) that would be helpful (examples: picky eater, never boarded before, sore spot on leg, chews up bedding, will jump fence, dog or cat aggressive, etc.):

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Detailed description of the belongings you brought (i.e. pink leash, blue collar, red bed, kong toy):

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### Medication Instructions

\*Additional charges for medication administration apply\*

Pet's Name	Medication Name	How Much	How Often	Last Given
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How do you give your pet their medications (i.e. in pill pocket, wet food, peanut butter, have to pill them, etc.)?

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### Feeding Instructions

**Did you bring your pet(s)' food?**    Yes    No

\* Dogs that eat our in-house diet will be charged a daily rate.\*

Pet's Name	How Much	How Often	Last Fed
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Can your pet have any food not provided by you (wet food, treats, etc.)?    No    Yes   If yes, what? \_\_\_\_\_

Does your pet have any allergies or a prescription diet?    No    Yes   If yes, explain: \_\_\_\_\_

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<b>Want a bath or nail trim for your pet?</b> <input type="checkbox"/> Yes. (Fill out a bathing form)	<b>More than one pet boarding with us?</b> <input type="checkbox"/> Yes. (Fill out a multiple pet form)
<b>Want extra stimulation for your pet?</b> <input type="checkbox"/> Yes, one-on-one time. (Fill out TLC form) <input type="checkbox"/> Yes, Kongs. (Fill out Enrichment Form)	<b>Want a picture of your pet?</b> <input type="checkbox"/> Yes, on Facebook (Included with boarding) <input type="checkbox"/> Yes, by text or email. (Fill out a picture form)

**BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE KCAC LIABILITY STATEMENT AND BOARDING POLICIES.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Pick-up Date: \_\_\_\_\_

Best phone number(s) to contact **you**: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Emergency #: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Others authorized to pick up/walk/visit: \_\_\_\_\_



**For KCAC Staff use only**

Client Name: \_\_<first-name> <last-name>\_\_\_\_\_

Pet Name(s): \_\_<Animal>\_\_\_\_\_

Pet Weight(s): \_\_\_\_\_

Stay dates: \_\_\_\_\_

<input type="checkbox"/> Scan	<input type="checkbox"/> TLC	<input type="checkbox"/> Food
<input type="checkbox"/> Liability	<input type="checkbox"/> Pic	<input type="checkbox"/> Treat
<input type="checkbox"/> Multi Pet	<input type="checkbox"/> Bath	<input type="checkbox"/> Med