



**Muddy Creek  
Animal Care Center**

## Kennel Boarding Registration

**Pet's Name:** <animal> <client>

**Weight (use scale):** <weight>

**Feeding Instructions:**

Own Supply (Specify brand & flavor):

Cups per meal:

How many times a day: Twice Daily \_\_\_\_\_ Three Times Daily \_\_\_\_\_

Has your pet eaten today? am \_\_\_\_\_ pm \_\_\_\_\_

Medication Name	Dosage	Frequency

*(Please ask a Client Care Coordinator for price details)(Injection administration fees may vary)*

**Has your pet had his/her meds today?** No \_\_\_\_\_ Yes \_\_\_\_\_

**Diabetic dogs: AM and PM schedule is as follows: feed at 7 and inject at 7:30.**

**Does your dog finish his/her food in the 1/2 hour time allotted prior to being injected?**

No \_\_\_\_\_ Yes \_\_\_\_\_

**If not what amount is generally consumed?** \_\_\_\_\_

**Medical Problems:**

**Does your dog have any health issues (i.e. diabetes, arthritis, etc.)?** No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Does your dog require any special treatment for the above condition(s)?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe:

**Has there been any changes to your pet's health or medical conditions since their last stay? (Example: vomit, diarrhea, limping, surgery, etc.)** No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please describe:

**Body Checks are performed daily by our attendants. Does your dog have any lumps, warts, growths, incisions, sutures or staples that we should be aware of?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please describe and indicate location:

**Does your dog have any allergies:** No \_\_\_\_\_ Yes \_\_\_\_\_

If Yes, please specify:

Pet's Name: <animal> <client>

**Has your dog been treated with flea/tick medication within the last 30 days?**

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please indicate the brand & date the flea/tick medication was applied:

**Is your dog a shredder?** No \_\_\_\_ Yes \_\_\_\_\_

**Is your dog afraid of thunderstorms or have any phobias?** No \_\_\_\_\_ Yes \_\_\_\_\_

**Optional Services:**

**Exercise (No-Contact With Other Dogs):**

EOD: _____	Plan#1: _____	Plan#2: _____	Plan#3: _____	None _____
1 -15min.	1 -15 min.	2 -15 min.	1- 30 min. & 1-	
session -\$8	session daily	sessions daily	15 min. session-	
	\$8/ day	\$16/ day	\$24/ day	

**Fido's One on One time:** One on one time with an attendant in a quiet area. Some dogs simply prefer to be brushed, scratched during this one on one time. Sessions run 15 minute each and are \$8 per session

EOD \_\_\_\_\_ Once Daily \_\_\_\_\_ Twice Daily \_\_\_\_\_ Three Daily \_\_\_\_\_ None \_\_\_\_\_

*\*Activities are at the discretion of the pet care attendants. If they feel your pet is stressed or anxious due to the activities selected, they will attempt to substitute for another if possible, otherwise they hold the right to cancel any activities during your pet's stay which could also include inclement weather.*

**Daycare While Boarding \_\_\_\_\_**

This is only for CURRENT daycare clients who have been to daycare outside of boarding within the last month. All dogs participating in daycare while boarding are subject to "rest" days at the discretion of the daycare attendants. Dogs are not eligible for group daycare if they are only planning to come during boarding stays.

**Grooming:** Would you like your pet fresh and clean on the **day of pick up**? With the purchase of a bath or bath and haircut from our Muddy paws salon receive a complimentary **last day** of boarding! Yes \_\_\_\_\_ No \_\_\_\_\_  
If your dog is playing in daycare would you like your dog to go back out to play after grooming?  
(Please keep in mind weather conditions and pools out during summer time) Yes \_\_\_\_ No \_\_\_\_\_

**Your pet's health and happiness is our primary concern. If the animal attendants notice a medical problem they will attempt to contact your emergency number. An emergency contact number MUST be provided upon check-in. The emergency contact person MUST be an adult, capable of making decisions for you regarding your pet's health and able to be reached within the continental U.S. Please note that whomever you choose as your emergency contact they are authorized to make medical decisions for your pet. You will assume all financial responsibilities for approved medical services provided during your pet's stay. Should a life threatening (critical) medical condition occur during their stay and attempts to reach your emergency contact are unsuccessful medical decisions regarding your pets care will be made by the doctor on duty. You will be responsible for all medical charges associated with the management of this event.**

**Emergency Contact and number:**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date