

## The Inn at Jolly Pond Boarding Admission Form

Drop Off Date: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Pet(s) Name: \_\_\_\_\_

Owner Contact #: \_\_\_\_\_, \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Name: \_\_\_\_\_  
(In case we cannot reach you, this should be someone you trust to make decisions regarding your pet.)

**Feeding Instructions:** \_\_\_\_\_ Cups (8oz cup) \_\_\_\_\_ Times per day

Canned food or Extras: \_\_\_\_\_

If fed once per day choose AM  or PM

Today my pet has had: Breakfast  Lunch  Dinner

Does your pet have Food Allergies? Yes  No  Pet's Name(if yes): \_\_\_\_\_

Brand/Type of food (in case of emergency and we need to provide extra):  
\_\_\_\_\_

**\*If you do not provide food from home, there will be an additional charge of \$2 per night, per pet to feed your pet our Veterinary approved diet food, due to food price rising.\***

**Medications:** If your pet is on medications/supplements, please ask for a Medication Form

**Bathing:** (Dogs only)

My Dog is boarding at least 3 nights and I would like a complimentary bath Yes  No

My Dog is boarding less than 3 nights and I would like to pay for a discounted boarding bath for \$30 Yes  No

I will pick my dog up at this time on the scheduled pick up day: \_\_\_\_\_

\*I understand that if I pick up earlier without calling ahead, my dog may not be bathed.

**Extra Services:**

Nail Trim:  (prices vary depending on pets nature) Name of pet: \_\_\_\_\_

Anal Gland Expression by a Doctor:  Name of pet: \_\_\_\_\_

Doctor to Check Over (possible exam fee):  Name of pet: \_\_\_\_\_

Issue: \_\_\_\_\_