

Market Street PET DEPOT
Boarding Admission Form:
All pets must have separate forms.

Your Name: _____ Pet Name: _____

Breed: _____ Age: _____ Spayed or Neutered [] Yes [] No

Phone number: _____ Email: _____

Food: [] Own Food (*recommended*) [] Market Street PET DEPOT Dry selection (no can available)

Feeding Instructions: [] Once a day: AM or PM [] Twice a day [] Three times a day [] All day feed

Portion: Dry (# of Cups) _____ Portion: Wet _____

****Please have dry food portioned out in individual baggies for each meal****

If we run out of your pet's food may we use Market Street PET DEPOT dry food selection: [] Yes [] No

My pet needs to be fed today (day of drop off): [] Yes [] No

Multiple pets: My pets need to be fed separately: [] Yes [] No

Medications/Supplements: **Please list all medications/supplements on our Medication Form**

\$3 a day for 3 or less medications/supplements

\$4 a day for 4 or more medications/supplements

\$4 per injection

My pet needs to receive medications today (day of drop off) [] Yes [] No

****all medications/supplements MUST be provided in the original container***

Please list all **allergies** and ongoing medical conditions: _____

****any conditions found by our staff not listed will be brought to the attention of our veterinarians***

Requested Add On Boarding Services:

[] Extra Play Time (\$8.00/15 minutes) How often? _____

[] Daycare (4 hrs./\$18.00) How often? _____

[] Nail Trim (\$15.00)

[] Ear Cleaning (\$5.00)

[] Exit Bath (\$15.00) *Dogs only: Cat owners may make an appointment with the Grooming Salon

[] Frozen Treat (\$3.00/treat) How often? _____

[] Kong Treat (\$3.0/treat) How often? _____

[] TV available (\$5.00/per day) How often? _____

**only available in Luxury Cottage #1 and #2*

Scheduled Veterinary Services: during your pet's stay [] Yes [] No Please contact Vet Hospital to set up appointment.

[] Vaccination Appointment [] Other: _____

Please call Vet Hospital at 480-868-2446 for services, questions, and pricing.

Scheduled Grooming Services*: during your pet's stay [] Yes [] No ***Please contact Grooming directly at 480-868-2442 to set up an appointment, let them know they will be boarding!**

Basic Bath: Includes Shampoo, Conditioner, Blow Dry, Brush Out, Anal Glands, Ear Cleaning, Toe Nail

Groom: Includes Basic Bath, plus Cut and Style

Check-out time is 11 a.m. If you pick up your pet AFTER 11 a.m. you will be charged a late fee.

Dog Owners:

Please select any and all that apply to your dog

- Aggressive with dogs Aggressive with people Food aggression
 Separation Anxiety Storm Phobias Destructive

Please explain:

AM and PM let outs: Would you like your dog to play with dogs in group play or Solo play? (please circle one)

Group (with other dogs) **Solo** (with staff only, no dogs)

**there is a \$4 a day additional charge for Solo Play*

**all group play participants must be neutered, and females must be spayed or not in heat*

**all group play participants undergo a behavioral assessment to determine if they are a good fit for group play, if we determine that your dog is not the right fit for group play, they will receive private play with staff members.*

Has your dog ever shown aggression toward other dogs? Yes No

Has your dog ever shown aggression toward humans? Yes No

Does your dog show possession over toys or balls? Yes No

If you have answered **yes** to any of the above questions, please explain below:

Does your dog ever play at dog parks or at doggy day care? Yes No

Does your dog play well with other dogs in a group setting? Yes No

Please check all your dog's favorite activities:

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Ball | <input type="checkbox"/> Cuddle | <input type="checkbox"/> Pull out stuffing |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Belly rubs | <input type="checkbox"/> Bubbles |
| <input type="checkbox"/> Keep away | <input type="checkbox"/> Brushing | <input type="checkbox"/> Chew |
| <input type="checkbox"/> Tug o' war | <input type="checkbox"/> Water | <input type="checkbox"/> Watch TV |

Print Name: _____

Client Signature: _____ **Date:** _____

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