

To be completed by office:  Scanned to e-file Date: \_\_\_\_\_ File Number: \_\_\_\_\_ Input by: \_\_\_\_\_

Date:	Date:	File Number:
Pets Name:	Owner's Name:	Owner's Phone Number:

### Boarding Checklist

Food (enough to last full visit plus 2 days)

- Brand: \_\_\_\_\_
- Flavor: \_\_\_\_\_
- Amount: \_\_\_\_\_
- Frequency: \_\_\_\_\_

Buckle Collar

Leash

Harness (if applicable)

Remote e-collar (if applicable)

Blanket / Bed / item that smells like home

Water bottle (if applicable)

Favorite Toy: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

