



QUAKERTOWN BOARDING & GROOMING

2250 N. Old Bethlehem Pike * Quakertown, PA 18951

T - 215.536.9678 * F - 215-536-0226

All fields outlined in red are Mandatory

Client's Name: _____ **Patient:** _____
Address: _____ **Species:** _____
Phone: _____ **Breed:** _____
Cell: _____ **Sex:** _____
Your Veterinarian's Name: _____ **Birthdate:** _____
Your Veterinarian's Ph #: _____

Preferred Reservation Dates: From _____ To _____

Which condo would you like your cat to stay in?

K9 Large kennel is 3' x 8' (up to 55 lbs).....K9 X-Large kennel is 3.5' x 8' (up to 85 lbs)...K9 Suite is 8' x 8'

What size kennel would you like your dog to stay in?

Please list any medications your pet is on and the reason he/she is taking the medication & dosing instructions.

Medication

Reason

Dosing Instructions

Please list any allergies your pet may have:

Does your pet have aggression issues?

If so, explain

Does your pet have any medical issues that we should be aware of?

If so, explain

Items that you are leaving here with your pet:

Feeding: Will you use our food or bring your own?

How many times per day would you like us to feed your pet?

How many cups would you like us to feed per meal?

Would you like your pet to have a Nail Trim?

We offer a courtesy bath for DOGS after a 2-night stay. Are you interested in this?



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We offer Doggie Daycare (additional fees apply) are you interested?

If yes, there will be an additional fee for temperment testing for first time guests.
What dates would you like your dog in daycare?

We offer Grooming for your pet (additional fees apply)...Are you interested?

Emergency contact names & phone #'s:

Bedding materials are supplied by the kennel and are laundered daily.

I DO NOT want my pet to have bedding materials (Check in box indicates my request)

Check out time is Noon (12:00 PM). Any dog picked up after 12:00 PM will be charged for that days boarding.

I have received & read the addendum to the boarding contract and signed indicating my agreement to the said policies.

Signature of person responsible

Today's Date

FOR OFFICE USE ONLY

Cage #

Client ID:

Arrival Date

Departure Date

Addendum

Pre-Paid