

Dog Trotters Boarding Form

My dog(s) \_\_\_\_\_ are boarding from \_\_\_\_\_ to \_\_\_\_\_.

In the event of an emergency where neither you nor your emergency contact(s) can be reached, you authorize Dog Trotters to act as your agent and to spend up to \$ \_\_\_\_\_ in emergency vet care.

**You agree to the responsibility for all vet bills.**

Dog Trotters uses Lillington Veterinary Hospital as our vet. If you choose to use your own vet, all arrangements and transportation must be handled by you or your emergency contact(s).

What kind of food would you like us to feed your dog?

Pedigree puppy      Pedigree adult      own food

Are there any special instructions in caring for your dog?

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Do we need to give your dog any medications?

Yes      No

***IF YES, PLEASE FILL OUT A MEDICATION FORM.***

Would you like an: **Exit bath?** Y or N

**Number of private play sessions** \_\_\_\_\_

**Nail trim?** Y or N

**Day Camp/Number of days** \_\_\_\_\_

Please list all of your dog's belongings (***SEND ITEMS AT YOUR OWN RISK***)

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Number where you can be reached: \_\_\_\_\_

***Please update us if any of your information or emergency numbers change.***

Signature \_\_\_\_\_

Date \_\_\_\_\_