My Stay at North Star Animal Center

Staff:_____ **Date:** _____

Account: _____

Drop off day/time: _____ Pick up day/time: _____ Owner's name: _____ Phone number: _____

Email update: Yes____ No____ Email address: _____

Home address: _____

Name of pet: _____ Breed: _____ Sex: _____ Fixed: _____

Color: _____ Weight: _____ Age: _____

Siblings boarding together or separate: _____ Feeding: _____

What vet do they go to: _____

Vaccines up to date?

Dog- Rabies: _____ DHPP/DHLPP: _____ Bordetella: _____

Cat- FVRCP: _____ Rabies: _____

Emergency contact: _____

Temperament: Friendly, Shy, Timid, Aggressive Other: _____

Places they don't like to be touched: _____

Dog friendly: Big dog: _____ Little dog: _____ Men friendly: _____

Medical issues/Medication (Ex. open wounds, stiches, worms, skin/heart issues) :

_____

_____

Anxiety issues or Anxiety medication: _____

Scared of thunder, fireworks: _____ Medication for it: _____

Grooming (Wednesday-Saturday): _____

FOOD: Wet: ___ Dry: ____ Mix (separate bowls?): _____ Brand: _____

How much: AM: _____ NOON_____ PM_____

Treats: _____ Food allergies (ex: chicken): _____

NSAC IS ABLE TO GIVE NSAC CHICKEN BASED DIET IF MY PET IS NOT EATING:

_____

Good on a leash: _____ Will they rip up bedding: _____

Items brought:

1. _____ 3._____

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2. _____

4._____

Noteworthy information:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

This is an all-indoor facility, there is no outdoor play. We do not do group play with pets outside of sibling group play. Please bring 2 days' worth of food extra for your pets stay in case of extended stay. If picking up after 1pm there will be a $20 charge added and the latest to pick up or drop off is 7 pm.

I understand that by signing this form I acknowledge the requirements set forth by N.S.A.C. and understand that all charges applied to my account are to be paid by the time of pick up.

OWNER SIGNATURE: _____ DATE: _____