## Amayla Kennels Boarding Intake Form

Dog's Name(s):	Breed:		Age:
Owners name:			
Drop off date:	Pick up date:		
Phone number where you can be	reached in case of emer	gency	
Do you have more than one dog I	boarding? Yes No I	f yes, are they sharing	a kennel? Yes No
FOOD BRA	ND:		
When/what does your dog eat?	AM feedingcup(	(s) PM feeding	_cup(s) Always left out?
Is Amayla Kennels providing the f	ood (4 Health Salmon ar	ıd Potato (\$2 per day)	) YES NO
Is Amayla Kennels administering	daily medication to your	dog? YES (List me	eds on back of page) NO
Can hot dogs be used to help adn	ninister medications with	n your dog? YES No	O N/A
Are you leaving a leash? YES NO	describe		
TERMS AND CONDITIONS  By signing below, I understand the 1. I have the right to pick up my of 2. I will be charged for all nights of 3. I will be charged for a day of ditime.  4. I authorize Amayla Kennels to and/or treatment should it be defunderstand that I will be responsi	dog at any time during re that I have reserved for r ay care if my dog is not p transport my dog to a lic emed necessary by an ov	my dog unless 2 days' picked up within 4 hou censed veterinarian fowner or employee of a	notice is given. urs of my actual drop off or medical evaluation Amayla Kennels, I
Signature	Date		

Space for medication Info and list of items left with dog on back of this page.

Please use this space for medicat	tion details	
1. Medication name	dose & schedule	
2. Medication name	dose & schedule	
3. Medication name	dose & schedule	
4. Medication name	dose & schedule	
items be clearly labeled. Please a describe all items left at Amayla	ble for items lost, destroyed or damage isk for a marker if you need to label the Kennels.	m. Please use this space to
3		
4		
5		
	G that I have left with my dog above. I ue, we cannot be responsible for rememl	-
Signature	Date	