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 emergence	у
Do you have more than one de	og boarding? Yes No If yes,	are they sharing a kennel? Yes No
FOOD B	RAND:	
When/what does your dog ea	t? AM feedingcup(s)	PM feedingcup(s) Always left out?
Is Amayla Kennels providing the (\$2 per day small dog and \$3)	ne food (4 Health Salmon and Po per day large dog)	tato) YES NO
Is Amayla Kennels administeri (List meds on back of page)	ng daily medication to your dog?	(\$2/day) YES NO
Can Pill Pockets be used to he	lp administer medications with y	our dog? YES NO N/A
Are you leaving a leash? YES	NO describe	
2. I will be charged for all night3. I will be charged for a day of time.4. I authorize Amayla Kennels and/or treatment should it be	ny dog at any time during regula ats that I have reserved for my do of day care if my dog is not picked to transport my dog to a license deemed necessary by an owner	
Signature	Date	

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

1. Medication name	dose & schedule	
2. Medication name	dose & schedule	
3. Medication name	dose & schedule	
4. Medication name	dose & schedule	
Please use this space for items left	t with your dog.	
	k for a marker if you need to la	damaged. We strongly recommend all abel them. Please use this space to
1		
2		
3		
4		
5		
		oove. I understand that if any item is for remembering what you left with
Signature	Date	

Please use this space for medication details