



Pet Name _____

Drop-Off Date _____ **Pick-Up Date** _____

Please confirm the selected options for your pets stay with us.

Accommodations:

- Bark Ave. Lake House w/ Patio Lake House Beach Condo Classic Cat Condo

Boarding Services:

- DayCare VIP Interactive VIP 4th Walk

Grooming Services: Brittany Aimee Danni *****MUST RESERVE IN ADVANCE*****

- Premium Groom Bath & Brush Pedicure Nail Trim Express Anal Glands
 Furminator Medicated Bath Oatmeal Bath Deep Coat Conditioner Teeth Brushing

Kennel Services:

- Bath & Brush Nail Grind Nail Trim Express Anal Glands Furminator
 Medicated Bath Oatmeal Bath Deep Coat Conditioner Ear Flush Teeth Brushing

Please list any possessions your pet has for their stay at Covepets. Possessions: (List & describe personal items brought with pet)

Food: (If brought from home)

Diet: _____ **AM:** ___ Cups ___ Cans **PM:** ___ Cups ___ Cans

Medications/Supplements: (Fill in all blanks for each medication so we can administer meds properly)

Med name & mg <i>Ex: Rimadyl 25mg, Atopica 100mg</i>	Dose <i>1 Tablet, 2 capsules</i>	Frequency <i>6, 8, 12, 24, etc.</i>	Last Dose Given <i>Ex: yesterday am</i>	Next Dose Due <i>Ex: this am</i>
_____	_____	every ___ hours	_____	_____
_____	_____	every ___ hours	_____	_____
_____	_____	every ___ hours	_____	_____
_____	_____	every ___ hours	_____	_____

Requests for Hospital Services and/or Medication Refills: _____

Signature of Owner/Representative _____ Date _____

Phone number where you can be reached _____ Emergency contact & Phone Number _____

Please add any comments or notes needed to back of this page.