



Boarding Intake Form

243 South Elmwood Avenue
Buffalo, New York 14201
716-852-1112



Pet's Name: _____ Owner Name: _____ Avi# _____
Contact # _____ Secondary Contact Name/# _____
Breed: _____ Sex: _____ Age: _____ Color: _____
Drop-off Date _____ Time: _____ | Pick up Date: _____ Time: _____

Food provided by Owner? Yes No Has the pet eaten already today? Yes No
How much, how often should we feed?
Treats?

Are Toys or Blankets okay to be left in kennel with your pet? Yes No
Will you be leaving any belongings? Yes No List: _____
What is your Pet's temperament like? _____ Is he good with other animals? Yes No
Does he have any limitations or restrictions? Yes No List: _____
Are there any allergies? Yes No List: _____
Does your Pet know any Commands (go potty, Sit, stay)? Yes No List: _____
Other information or suggestions _____
Sibling: _____ Would you like them to share a kennel? Yes No | Can they be fed together? Yes No

Medications – Supplements to be given during stay: Were any Given today? _____
1. _____ at _____ AM _____ PM
2. _____ at _____ AM _____ PM
3. _____ at _____ AM _____ PM
4. _____ at _____ AM _____ PM

Services Needed: Bath: Yes No | Full Grooming? Yes No Other: _____

***For Medical / Veterinary Services including vaccinations please see Exam question sheet**

All animals Boarding must be up to date on vaccinations (Rabies, Distemper, Lepto, Bordetella, Feline Leukemia) and free of parasites or they will be treated upon entry at OWNER'S EXPENSE which may include an exam by a veterinarian. This is for the safety and protection of your pet.
If a tranquilizer is necessary for treatment or handling, I give permission to BSAH to administer such medications.
I authorize BSAH to do whatever is necessary should an emergency situation arise. Payment is required at the time of release.
Pets are only released during regular business hours M-Sat. We do not have overnight staffing. If I neglect to pick up or make alternate arrangements to pay for and collect my pet within 24h of the above date, I am aware BSAH will consider the pet abandoned and will take appropriate steps according to NYS Ag&Market Law.
I understand any items left with my pet will be marked with Permanent marker to identify belongings
I understand that BSAH will do their best to return all belongings at the end of the stay
I understand BSAH is not responsible for replacing any items lost or damaged.

Signed: _____ Date: _____ Attendant Initials: _____