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For people whose pets are part of the family

BOARDING QUESTIONNAIRE

Pet name: _____ Client name: _____

Arrival date: _____ Departure date: _____ Departure time: _____ a.m./p.m.

Has your pet been eating, drinking, urinating, defecating and otherwise acting normally over the last week?
Please note any changes noticed, even if subtle:

While boarding what will your pet be eating?

- Drake in-house diet (Science Diet dry/wet food)
- Diet from home: Prescription diet or regular diet? (Please list brand of food/protein: ex: Science Diet Ideal Balance Chicken dry food) _____

What type of food does your pet eat? Dry Wet Both Other: _____

How much is your pet fed per meal? _____

How often is your pet fed per day? 1x 2x 3x Other: _____

When was your pet last fed? Date: _____ Time: _____ a.m./p.m.

If your pet were to run out of food while boarding, could we feed your pet our in-house diet? Yes No

Please list any medications your pet will need while boarding*. Describe the current dosage, duration and time last given. (ex: Rimadyl 100 mg – Give 1/2 tablet by mouth twice daily – last given at 8am on 5/5/19.)

1. _____
2. _____
3. _____
4. _____
5. _____

** Additional fees apply*

Does your pet have any special needs? Please describe below:

(Please complete additional information on next page)

Would you like your pet to receive any additional services while he/she is boarding? (*Half priced bath for dogs after 5 days. Half priced nail trim for cats after 5 days.*)

Bath* – including nail trim and ear cleaning. Anal gland expression upon request. (Dogs only)
 Regular bath Medicated bath* Anal gland expression

Extra playtime*
 Daily Every other day Every three days Other: _____

Other services* (daily brushing, dental care, etc.): _____
** Additional fees apply*

Is your dog friendly with other dogs? Yes No

Would you like your dog to enjoy some time playing in the yard with other dogs of the same size and temperament? Yes No

Will you have email access? If so, please provide email address: _____

Please list a telephone number where you may be reached: _____

Would you like to receive photos of your pet and/or periodic text messages with updates on your pet? (Updates will be approximately every other day.) Yes – Texts Yes – Photos No

If yes, please list preferred phone number for text messages: _____

If we are unable to contact you, can someone else make pet care decisions on your behalf? Yes No

If so, please list emergency contact's name and phone number: _____

If not, The Drake Center for Veterinary Care will assume the role of emergency contact.

To protect our patients while boarding, we require all boarding pets to have a current examination by a Drake Center veterinarian (frequency based on the age and health of the pet), current vaccinations including DHP-P, Bordetella and Rabies for dogs, FVRCP and Rabies for cats, a current fecal examination and de-worming. All pets must also be free of external parasites (fleas and ticks).

In the unlikely event your pet should become ill or develop any medical condition requiring treatment, we will do our best to contact you and/or your emergency contact. It is our policy, however, to use our best judgement in providing medical care to the pets left in our care. By signing below, you acknowledge this policy and understand that you will be financially responsible for any fees accrued.

This boarding facility follows all guidelines established regarding abandonment laws and lien guidelines under the Civil Code 3080, 3051, 3052. A copy of the abandonment clause is posted in the reception area of our facility.

Signature of Client

Date