

**Sunland Acres Boarding Check-In Form**

*Your pet's health & happiness is our primary concern.*

1376 Fruit Cove Rd S

Fruit Cove, FL 32259-3177

(904) 287-5246

Owner's Name: \_\_\_\_\_

Phone# (     ) \_\_\_\_\_

Co-Owner's Name \_\_\_\_\_

Phone# (     ) \_\_\_\_\_

Emergency Phone and Contact Person: (     ) \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

Can we send you our quarterly newsletter? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Color: \_\_\_\_\_

Breed: \_\_\_\_\_ DOB: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_

Does your pet have any medical, physical, emotional issues, sensitivities, or concerns we should know about?  
These may include allergies, prior surgeries, hip or joint issues, ear infections or skin problems.

\_\_\_\_\_  
\_\_\_\_\_

Has your pet ever been aggressive toward or bitten a caregiver, or other dogs? \_\_\_\_\_

**Feeding Instructions:** Once \_\_\_ Twice \_\_\_ More \_\_\_\_\_. How much per meal? \_\_\_\_\_

Ok to give treats? \_\_\_\_\_ If your pet is not eating properly, is it ok to supplement their diet with our top quality food? \_\_\_\_\_

**Medications:** (Dosage & frequency for each pet)

\_\_\_\_\_

Veterinarian \_\_\_\_\_ Phone # \_\_\_\_\_

**Policies and Disclaimer:**

Sunland Acres pledges to give appropriate care to all who stay with us. We will not be liable for any dogs that become ill or injured while under our care. In the unlikely event that your dog develops an illness or injury, we will call you for further instructions. Sunland Acres will not be responsible for conditions that can be unavoidable in boarding environments such as, but not limited to, weight loss, hot spots, cough, bloat, diarrhea, canine influenza, parvo, parasites, seizures and sudden death. I acknowledge that in the event of my pet's illness, the staff at Sunland Acres may not be able to immediately contact me and is therefore authorized to initiate appropriate treatment of my pet(s) until I am available to discuss further care and costs with the attending veterinarian. I certify that my pet(s) appear to be free of contagious diseases, including external parasites. I understand that if my pets have been found to have external parasites, they will be treated and my account will be charged accordingly. I also certify that my pet is current on all required vaccination(s.) I understand and agree:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_