



River Rock
Kennel at
Lyceum Farm

River Rock Kennel at Lyceum Farm, LLC

BOARDING DROP OFF FORM

Owner's Name _____

Dog's Name _____

Breed: _____ Check in Date: _____ Check out Date: _____

Current Veterinary Hospital: _____ Emergency contact: _____

FEEDING:

Did you bring in their own food? **YES / NO** (if no, we offer both dry and wet food for \$2 per meal)

What type of food? dry / wet / dehydrated / treats/ other: _____ How often do they eat? AM / lunch / PM

How much per meal? _____

Circle any of these additions you would like us to try (at no additional charge) if your dog is not eating

grated parmesan cheese / shredded lamb roll / chicken broth / pumpkin puree/NONE-DO NOT ADD TO MY DOGS FOOD

MEDICATIONS:

Does your dog have any medications? **YES / NO**

If they have a pill, is it okay to put it in their food? **YES/NO**

If **NO**, how should we administer?

#1 Medication name: _____

#2 Medication name: _____

Topical / Oral/ Subcutaneous

Topical / Oral/ Subcutaneous

Frequency needed: AM / Lunch / PM/ As needed

Frequency needed: AM / Lunch / PM/ As needed

Quantity/Notes: _____

Quantity/Notes: _____

#3 Medication name: _____

#4 Medication name: _____

Topical / Oral/ Subcutaneous

Topical / Oral/ Subcutaneous

Frequency needed: AM / Lunch / PM/ As needed

Frequency needed: AM / Lunch / PM/ As needed

Quantity/Notes: _____

Quantity/Notes: _____

Additional meds/allergies/health concerns: _____

Hours: 7:30am- 6:00pm every day of the year.



GROOMING:

ALL GROOMING SERVICES MUST BE CONFIRMED WITH STAFF FOR AVAILABILITY AND COST:

Please circle desired grooming services

Go Home bath / Furminator / Nail Trim / Deluxe Nail Trim / Ear Cleaning

Additional notes (ie. Shampoo; no perfume):

Estimated Pick Up Time: _____

INDIVIDUAL ENRICHMENT WALKS:

Would you like your dog to have individual enrichment during their boarding stay, \$10.00/event? YES / NO

If YES, how often do you want your dog to participate this stay? (ie. every day, one day, etc):

If YES, 15 minute or 30 minute sessions?

ADDITIONAL:

Do you want your dog to have treats during the day? YES/NO

If yes, how often? AM / lunch / PM

Is your dog sound sensitive/thunderstorm phobic? YES/NO

If yes, do you medicate for events? YES/NO

Are there any other requests/ notes that we should be aware during this stay? _____

Owner's Signature: _____

Date: _____