

Requested Boarding Services for: _____

Dates boarding: _____ to _____ DOB: _____ Weight at Check In: _____

Species: _____ Breed: _____ Color: _____ Sex: _____

Patient Allergies or Alerts: _____

FEEDING INSTRUCTIONS: _____ OWNER'S FOOD

MEDICATIONS (see attached): _____

BELONGINGS: LEASH AND COLLAR CAT CARRIER

OTHER BELONGINGS: _____
(additional belongings are at risk of being damaged or lost)

ADDITIONAL SERVICES: Nail trim Anal gland expression Clean ears Frontline

Bath: pets will be ready to **pick up after 4pm** on their last day of boarding. Pets leaving on Saturday will be bathed the preceding **Friday**.

OTHER NEEDS: _____

I would like a discharge appointment with the veterinarian that examined my pet: YES NO Time: _____

Dogs will be walked starting at 7:00 am and 4:30 pm each day. Additional walks can be provided for \$3.00 each.

noon extra walk 7:00 pm extra walk

IMPORTANT! PLEASE READ CAREFULLY: In the event that your pet becomes ill while boarding, we will attempt to contact you at the emergency number listed below. If we are unable to reach you, do you want us to begin treating your pet or wait until we are able to reach you?

Treat immediately up to \$ _____ **OR** Do NOT treat until I have been reached

In a life threatening emergency:

_____ I authorize whatever services the doctor deems necessary for the best care of my pet

OR

_____ I direct the doctor to only provide those services necessary to keep my pet comfortable and alleviate pain.

CONTACT NAME: _____ PHONE: _____

E-MAIL: _____

I have reviewed and approve all of the above.

Signature: _____

Office use only:			
Canine:		Feline:	Staff: _____
<input type="checkbox"/> Rabies	<input type="checkbox"/> Lyme	<input type="checkbox"/> Rabies	
<input type="checkbox"/> DHLPP	<input type="checkbox"/> 4-DX	<input type="checkbox"/> FVRCP	
<input type="checkbox"/> Lepto	<input type="checkbox"/> Fecal	<input type="checkbox"/> FELV	
<input type="checkbox"/> Bord	(INJ or IN)	<input type="checkbox"/> Fecal	