

Boarding Admission

Date: _____

Client Name: _____ Phone Number: _____

Pet Name: _____

Emergency Information:

Number I can be reached at: _____

Emergency Contact Person to authorize treatment other than owner:

Name of Person: _____ Phone Number: _____

Medical Information:

My pet has a Scheduled Appointment while here being boarded.

- NO
- YES – If yes what procedure?
 - Surgery
 - Dental Cleaning
 - Medical Procedure
 - Pre-Schedule Grooming. (All grooming appointments must be set up ahead of time.)

I would like the Doctor to examine my pet while here being boarded.

- NO
- YES
 - Ears
 - Eyes
 - Skin
 - Anal Glands
 - Fecal
 - Heartworm Test
 - Other: _____

I give permission for our Veterinarian to evaluate and treat emergency medical problems at the appropriate fees, which will be due, and payable at the time of pick up?

- NO
- YES

I give permission for our Veterinarian to treat non-emergency, unexpected medical problems at the appropriate fees which will be due and payable at the time of pick up?

- NO
- YES

My Pet is on Medication:

- NO
 - YES
 - Name of Medications and Directions:
-

Brought own Food:

- NO
 - YES
 - Directions on Feeding:
-

Brought Leash: () NO () YES

Brought Collar: () NO () YES

Brought Blanket: () NO () YES

Brought in Treats: () NO () YES

Brought in Toys: () NO () YES

Brought in chews/raw hides: () NO () YES

Additional Boarding Services I would like my pet to receive:

TLC extra loving care \$3.50 per session ____ PER DAY. ____ PER WEEK

Nail Trim (appropriate fees will be charged)

- NO
- YES

Rawhide Chew (chip or bone) How many: _____ How often: _____

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Who do you authorize to pick up your pet: _____

Signature of Owner/Agent: _____

Checked in By: _____

(I have written the pet on the board for services that are needed done while being in boarding)

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Monday thru Friday Hours – 8am to 7 pm

Saturday Hours – 8:30am to 1:30 pm

Sunday Hours – 6pm to 7 pm