

PET BOARDING FORM

OWNER NAME: _____

PET NAME: _____

BOARDING DATE: _____

SEX: _____

DATE TO GO HOME: _____

SPECIES: Dog Cat

ADDRESS: _____

BREED: _____

COLOR : _____

AGE: _____

VACCINATIONS/TESTING:

Dogs: DHP-Parvo Rabies Bordetella
Cats: FVRCCP Rabies FeLV
INTESTINAL PARASITE EXAM
HEARTWORM TEST

SPECIAL REQUESTS FOR YOUR PET'S STAY:

Physical Exam. Senior Wellness Exam
Microchip Implant Bath Groom
Other _____

SPECIAL DIET INSTRUCTIONS:

All boarding pets will receive a special diet provided by us designed to minimize G.I. upsets during their stay. This diet is included in your daily boarding charge. Please do not bring any non-prescription food as it will be returned to you. If you have any special feeding instructions and/or you brought a special prescription diet for your pets stay, please complete the following information:

Type of Food: _____

Amount to feed in Morning: _____

Canned or Dry: _____

Amount to feed in Afternoon: _____

Special Feeding Instructions: _____

MEDICATION INSTRUCTIONS:

If your pet is currently taking medication(s), please complete the information listed below. If the medication was prescribed by a doctor from another veterinary hospital, we must administer it as directed on the bottle. If your veterinarian has given you verbal directions other than those on the bottle, please indicate that below along with the name of the prescribing doctor.

How many medications are you leaving for your pet? _____

Name of Medication 1: _____

Name of Medication 2: _____

Dosage: _____

Dosage: _____

Directions (if other than on bottle): _____

Directions (if other than on bottle): _____

Prescribing Veterinarian: _____

Prescribing Veterinarian: _____

Additional Medications: _____

AUTHORIZATION:

During your pet's stay with us, we will do our utmost to provide a safe and enjoyable boarding experience. If a medical situation arises we will make every attempt to contact you before treatment is administered. However, should a medical situation arise, please inform us of your preferred course of action by initialing the appropriate space below:

Please Initial **ONLY ONE** of the following three selections:

Do not treat my pet before contacting me, except in the case of a medical emergency. _____

I authorize treatment on my pet up to \$ _____

I authorize treatment for my pet at the hospital's discretion. _____

Signature

Date