

# PET BOARDING FORM

Owner's Name: \_\_\_\_\_  
Pet's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Arrival Date: \_\_\_\_\_  
Pick Up Date: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

## **VACCINES ARE REQUIRED FOR BOARDING:**

We cannot board pets unless vaccines are current. We will administer and charge accordingly if not up to date:

Dogs: Rabies, DHPP, Bordatella      Cats: Rabies, FVRCP

## **Your pet is due for the following vaccines/services:**

\_\_\_\_\_ Accept\_\_ Decline\_\_ Intl\_\_      \_\_\_\_\_ Accept\_\_ Decline\_\_ Intl\_\_  
\_\_\_\_\_ Accept\_\_ Decline\_\_ Intl\_\_      \_\_\_\_\_ Accept\_\_ Decline\_\_ Intl\_\_  
\_\_\_\_\_ Accept\_\_ Decline\_\_ Intl\_\_      \_\_\_\_\_ Accept\_\_ Decline\_\_ Intl\_\_

## **Would you like any additional services? There will be an additional charge for these services.**

Bath Detail\_\_\_\_\_ Anal Gland Expression\_\_\_\_\_ Nails\_\_\_\_\_ Brush Teeth\_\_\_\_\_

## **FOOD:**

How much and when does your pet eat: \_\_\_\_\_

Special Feeding Instructions: \_\_\_\_\_  
\_\_\_\_\_

## **MEDICATIONS:**

My pet receives the following medications:

MEDICATION:	AMOUNT:	FREQUENCY:

**WEIGHT** \_\_\_\_\_ **lbs**

**Permission to treat your pet should any medical condition arise:** \_\_\_\_\_ **Yes**    \_\_\_\_\_ **No**

## **PERSONAL BELONGINGS:**

Please list any personal belongings you are leaving with your pet:

\_\_\_\_\_

**I understand that the Animal Medical Center does not provide 24 hour supervision .I understand my pet must be up to date on all vaccinations to board at our facility. Any external parasites (fleas/ticks) will be treated immediately. I understand that I am financially responsible for any cost associated with vaccinations or external parasite treatment and that this payment is due upon discharge. In the event of an emergency, the veterinarian and staff at Animal Medical Center will do all in their power to reach me. In the event I can't be contacted (nor the emergency contact listed above), I understand that the appropriate treatment will be given to my pet and I assume financial responsibility for this care.**

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

