

PET BOARDING FORM

Owner's Name: _____

Arrival Date: _____

Pet's Name: _____

Pick Up Date: _____

Emergency Contact Number: _____

VACCINES WE REQUIRE FOR BOARDING:

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

DOGS: Rabies, DHPP, Bordetella

CATS: Rabies, FVRCP

Your pet is due for the following 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:

Does your pet need to be fed breakfast today? ___Yes ___No Did you bring your own food? ___Yes ___No

Does your pet need to be fed dinner today? ___Yes ___No Did you bring your own treats? ___Yes ___No

How much do you feed per feeding? _____ How many feedings per day? _____

Special Feeding Instructions: _____

MEDICATIONS:

Does your pet need meds today? Yes ___No___ If yes, which ones? _____

My pet receives the following medications:

Medication:

Amount:

Frequency:

Medication:	Amount:	Frequency:

Permission to treat your pet should any medical conditions arise: _____Yes _____No

PERSONAL BELONGINGS

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

ADDITIONAL NOTES: _____

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 will be due upon discharge. In the event of any emergency, the veterinarian and staff at Animal Medical Center will do all in their power to reach me. In the event that 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: _____

FOR KENNEL STAFF/ACG USE ONLY:

Obtain/Enter Weight _____	Check Estimate And Services _____	Check all Belongings _____	Apply Color Band as Needed _____	Written on Whiteboard _____
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