



Boarding Admission Form

Name: _____

Pet Name: _____

In

Out

Dates: _____

In Case of Emergency, Please Contact

Name: _____

Phone #: _____

What items have you left with your pet? _____

Are medications to be given? (Yes or No)

Did you bring your pets own medications? (Yes or No)

Did your pet get his/her medications today? (Yes or No)

Medication: _____ Dose/Amount: _____ How often?: _____

What does your pet eat at home?(Please specify brand, flavor & amount)

*For guinea pigs/rabbits/ small mammals: Does your pet use a **bowl** or **bottle** for water? (circle one)

Other Requests/Special Instructions:

- | | |
|---|---|
| <input type="checkbox"/> Exam | <input type="checkbox"/> Medication refill: _____ |
| <input type="checkbox"/> Vaccinations (cats only) | <input type="checkbox"/> Other: _____ |

Upon arrival, all animals will be checked in by a technician. They will be weighed, nails will be trimmed, ears cleaned and checked for fleas. This is a complimentary hospital service.

Please note while we make every effort to keep personal items with your pet, we are not responsible for the loss or damage of any items you may leave with your pet. We are happy to provide beds and toys during your pets stay.

While we hope your pet enjoys his/her stay with us, should medical attention be required while boarding all efforts shall be made to contact you prior to treatment. In the event that we cannot reach you and in the best interest of your pet, the appropriate treatment will be given.

This is to certify that I have been informed of and agree to the policies regarding boarding, vaccinations, costs, etc. as the hospital staff has explained them to me.

Signed: _____

Date: _____