



Boarding Admission Form

All animals entering the hospital must be up to date in accordance with our boarding policy, or treated upon entry at the owner's expense. This is for the health and safety of all of our patients. Records must be presented at time of drop off or we will perform services. Charges will apply.

Date _____

Owner of the Pet _____

Date of expected pet pick up _____ 9am / 5pm

Pets Name _____

Phone Number _____ Cell Phone _____ Work Phone _____

Address _____

E-Mail _____

Would you like photos sent to your cell phone should your pet be boarded or Hospitalized? Y ___ N ___

Cell Phone number to receive updates on your pet _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Others authorized to order treatments, pick up medication or obtain information about your pet

Does your pet need special diet or medication while staying with us? Y ___ N ___

If so, instructions _____

Is your Pet due for any of the following? (Required)

Physical Exam _____ Heartworm Test _____ Intestinal Parasites Test _____ Vaccines _____

Optional:

Bath _____ Nail Trim _____ Anal Glands _____

Please list items you have left with your pet

By signing this form you authorize the veterinarian to do whatever is necessary should an emergency arise, and to provide all services that need to be up to date with the boarding policy. Payment is required at time of pickup.

Signature X _____

Date _____