Boarding Admission Form

Client ID:
Client Name:
Address:
Phone Number:
Cell Number:

Patient Name:
Color:
Species:
Breed:
Age:
Weight:

Arrival Date:
Depart Date:

☐ Cat ☐ Medical
☐ Downstairs ☐ Together

# of nights:

Sunday pickup time is 6:30pm only. Saturday pick up / check-in must be by 12:30pm.

****Special needs boarders such as Diabetics or pets that have supplements medications to be administered will be charged a medical boarding fee.**
****Please bring all medication in original pill vials. If bringing pill box include vials as well.**

Dogs: DHPP RABIES BORDATELLA Cats: FVRCP RABIES

☐ Your pet is up to date on all boarding vaccination requirements.

☐ Your pet is due for the following:

☐ Wellness Exam ☐ Bordetella ☐ FVRCP
☐ DHPP ☐ Heartworm Test ☐ Feleuk
☐ Rabies ☐ Fecal ☐ Other

Belongings
Services:

☐ Okay to Walk on a leash outside of the fenced in area(s)

Please Feed: ☐ Hospital Food ☐ Owner (kind/how much) ☐ Once ☐ Twice

☐ My pet is not currently on any medication.

☐ My pet recieves the following medication(s):

Medication	Dose/Amount	Next Due

If my pet becomes ill while boarding, please provide the following care:

☐ All diagnostics and treatment to be performed at the doctor's discretion.

☐ Only supportive care to be administered until I or my emergency contact can be reached.

Emergency Contact Name and Number: ☐ Primary: ☐ Secondary:

Alternate Person Allowed to Pick Patient Up:

Owner Signature: Date:

Email Address: