

Client Name:
Address:
Second Address:
Telephone:
Arrival Date:
Depart Date:

Patient Name:
Species:
Breed:
Sex:
Color:
Markings:
Birth Date:

Reasonable Precautions will be used against injury, escape, or death of your pet. The Clinic and staff will not be held liable for problems that develop provided reasonable care and precautions are followed. Pets must be current on vaccinations. This includes a Bordetella vaccine for dogs and cats to prevent kennel cough. Pets should be vaccinated prior to boarding. If they have not, every effort will be made to vaccinate upon arrival. Some may not have time to develop a proper immunity and may be susceptible to the disease. Therefore, the owner will be responsible for any charges for examinations, medications, and treatments as a result of this disease.

While you are welcome to bring items from home for the comfort of your pet, i.e. blankets, pillows, toys, etc..

We are not responsible for lost or damaged belongings while pets are boarding.

However, we will make every effort to ensure the safe return of your pet's belongings.

If Medications are necessary for treatment of handling, I give my permission to Animal Care Center to administer such medications. Yes _____ No _____

I authorize Animal Care Center to do whatever is necessary in case of illness or an emergency situation. I authorize up to \$100 _____ \$200 _____ or other _____ in medical care.

Yes _____ No _____

Will your pet be undergoing a procedure during their stay? Yes__ No__

If yes, will your pet be sedated? Yes__ No__

Date of scheduled procedure ___/___/___

Flea treatment last applied: ___/___/___

In the event we find fleas on your pet, our flea prevention will be applied at a cost to you.

Has your pet had an Annual Exam within the past 12 months? Yes__ No__

The following vaccinations are required to board:

Dogs: DHP, Rabies, Bordetella and Flu

Cats: Rabies

Go Home Bath: _____ (complimentary after 6 nights) Nail trim _____

Feeding Instructions:

Please describe any personal items left with pet:

Please answer the following questions concerning your pet's present health:

Has your pet shown any recent signs of:

diarrhea:____ vomiting:____ sneezing: ____ coughing:____

Have there been any other unusual symptoms or signs that we should be aware of while boarding your pet?

If you have answered yes to any of the above questions, please explain fully:_____

Current Medications:1. _____

Frequency:_____ Start:_____

2. _____

Frequency:_____ Start:_____

3. _____

Frequency:_____ Start:_____

Owner/Representative of Owner

Date

Emergency Phone Number