

**ARBOR ANIMAL HOSPITAL**  
**BOARDING PATIENT INFORMATION SHEET**

Veterinary service is provided after business hours when deemed necessary in the judgment of the veterinarian in charge. The continuous presence of qualified personnel may not be provided during these hours.

TODAY'S DATE \_\_\_\_\_

OWNER \_\_\_\_\_ PET(s) \_\_\_\_\_

PET(s) WILL BOARD FROM \_\_\_\_\_ TO \_\_\_\_\_

If there are questions about my pet(s) during boarding, call me at:

NUMBER \_\_\_\_\_ NUMBER \_\_\_\_\_

**If my pet has a health problem while boarding, and I cannot be reached, please call the following person(s), authorized to care for my pet(s) during my absence:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I know that pets admitted to ARBOR ANIMAL HOSPITAL must be current on vaccinations **and** free of fleas! I understand that pets arriving with fleas will be charged for a bath, and pets needing vaccinations will be charged for them.

**My pet's vaccinations:** ARE CURRENT \_\_\_\_\_ NEED A BOOSTER \_\_\_\_\_

**The last time my pet(s) ate was:** Last Night \_\_\_\_\_ This Morning \_\_\_\_\_

My pet did not bring any food. My pet's regular diet is \_\_\_\_\_

My pet brought food from home: \_\_\_\_\_

My pet eats \_\_\_\_\_ (quantity) \_\_\_\_\_ times per day.

**My pets are on medication:** \_\_\_\_\_

What time LAST medication was given: Last Night \_\_\_\_\_ This Morning \_\_\_\_\_

**While boarding, my pet is also scheduled for the following:**

Surgery \_\_\_\_\_ Dentistry \_\_\_\_\_ X-rays \_\_\_\_\_

Lab Work \_\_\_\_\_ Urinalysis \_\_\_\_\_ Examination of: \_\_\_\_\_

**If my pet needs treatment for OTHER than what I requested:**

I authorize the Doctor to treat my pet as required, including euthanasia, if necessary.

I authorize the Doctor to treat my pet as required, except for euthanasia.

I DO NOT authorize any treatment other than what I requested.

**OWNER SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_