

# McGehee Clinic for Animals, .C.

## Boarding Sheet

Please take a moment to help us give the best care possible to your pet while he/she is boarding with us. Your pet is our priority while here!

Pet's Name \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check in date \_\_\_\_\_

Check out date \_\_\_\_\_

Personal Belongings \_\_\_\_\_

Did you bring your pet's own food? Yes ☐ No ☐

How many times a day is your pet fed? \_\_\_\_\_

How many cups/cans a day does your pet eat? \_\_\_\_\_

Are there any medications to be administered while boarding? Yes ☐ No ☐

If yes, when was the last dose given? AM ☐ Noon ☐ PM ☐

Do you want your pet to receive a bath before being picked up? Yes ☐ No ☐

Emergency Contact Number(s) \_\_\_\_\_

Special Instructions/Comments:

### ***In Case of Emergency:***

You are to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand ANY problem that develops with my pet while I'm absent will be treated as deemed best by the veterinarians, and I ASSUME FULL RESPONSIBILITY for any the treatment expense involved.

Owner or Agent \_\_\_\_\_

Date \_\_\_\_\_