

TWAIN HARTE VETERINARY HOSPITAL
BOARDING FORM

Pet's Name: _____

DROP OFF DATE: _____

Owner: _____

PICK UP DATE: _____

Home Phone #: _____

CELL PHONE #: _____

Additional phone number(s) where you can be reached: _____

VACCINATION RECORD:

Canine

DHLPP Current?	Y	N
Leptospirosis Vaccine Current?	Y	N
Rabies Vaccine Current?	Y	N
Bordatella Vaccine Current?	Y	N

Feline

Leukemia Vaccine Current?	Y	N
FVRCP Current?	Y	N
Rabies Vaccine Current?	Y	N

FEEDING:

We feed dry food twice daily. Does your pet require special feeding? Y N

Did you bring food with you?: Y N When do you feed? A.M.____ P.M.____

How much do you feed at each feeding? _____

MEDICATION:

Is your pet currently on any medications? Y N

If so, what is the medication? _____ Did you bring medication(s) with you: Y N

What are the instructions? _____

WE RECOMMEND LEAVING ALL PERSONAL ITEMS SUCH AS BLANKETS, PILLOWS, OR TOYS AT HOME. IF YOU DO CHOOSE TO BRING YOUR PET'S FAVORITE THINGS PLEASE BE AWARE THAT WE CAN NOT BE HELD RESPONSIBLE FOR LOST OR DAMAGED ITEMS.

If you have chosen to bring personal items please list them here:

Any special instructions? _____

IN CASE OF AN EMERGENCY...

IN CASE OF AN EMERGENCY OR ILLNESS WHILE BOARDING I AUTHORIZE THE DOCTORS AT TWAIN VETERINARY HOSPITAL TO ADMINISTER TREATMENT, DIAGNOSTICS, AND OTHER NECESSARY CARE AS INDICATED.

SIGNATURE _____ DATE _____