

BOARDING ADMIT SHEET

BOARDING RESERVATION DATES WERE MADE FROM _____ TO _____

OWNER'S NAME _____

NAMES OF PET(S) BOARDING:

_____ BATH ___ YES ___ NO

_____ BATH ___ YES ___ NO

_____ BATH ___ YES ___ NO

_____ BATH ___ YES ___ NO

THERE WILL BE AN EXTRA CHARGE OF \$1.80 PER DAY PER PET FOR THE ADMINISTRATION OF MEDICATION.

PERSON(S) TO CONTACT IN CASE OF EMERGENCY: _____

EMERGENCY PHONE NUMBER(S): _____

PETS BELONGING (CARRIER, TOYS, ETC.): _____

SPECIAL INSTRUCTIONS: _____

OUR VACCINATION POLICY

TO INSURE THE PROTECTION OF ALL PETS UNDER OUR CARE, THE FOLLOWING VACCINATIONS MUST BE UP TO DATE ON YOUR PET(S):

DOGS: DHLPP (DISTERPER)
BORDATELLA
RABIES (REQUIRED TO BE CURRENT BY STATE LAW)

CATS: FVRCP (DISTERPER)
RABIES (REQUIRED TO BE CURRENT BY STATE LAW)

I GIVE MY PERMISSION TO THE VETERINARY CLINIC TO UPDATE MY PET(S) VACCINATIONS IN ACCORDANCE WITH THE POLICY STATED ABOVE.

MEDICAL ILLNESS POLICY

ONE OF THE ADVANTAGES OF BOARDING YOUR PETS AT A VETERINARY HOSPITAL IS THAT VETERINARY ATTENTION IS READILY AVAILABLE SHOULD THE NEED ARISE. IF ONE OF YOUR PETS BECOMES ILL, WE WILL CALL THE EMERGENCY NUMBER(S) LISTED ABOVE. IF NO ONE CAN BE REACHED PLEASE INDICATE YOUR WISHES BELOW.

___ PLEASE PERFORM WHATEVER SERVICES THE VETERINARIAN DEEMS NECESSARY FOR THE BEST CARE OF MY PET.

___ DO NOT ADMINISTER ANY MEDICAL TREATMENT UNTIL SPECIFIC AUTHORIZATION IS GIVEN.

I FULLY INTEND TO PICK UP MY PET ON THE ABOVE DATE SPECIFIED. IF CIRCUMSTANCES CHANGE, I WILL NOTIFY THE VETERINARY HOSPITAL OF A NEW PICK UP DATE.

PAYMENT IS EXPECTED AT THE TIME OF PICK UP.

SIGNATURE OF OWNER OR AGENT FOR PET(S) _____

PRINTED NAME OF OWNER OR AGENT _____

DATE _____