

Mill Creek Animal Hospital Boarding Form

Client Name _____ Spouse/Other _____

Pet(s) Name

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Primary Contact Number _____

Emergency Contact Name/Number _____

Arrival Date _____ Time (AM or PM) _____

Departure Date _____ Time (AM or PM) _____

****If getting grooming/bathing services, please allow for an afternoon pick-up. ****

I request grooming or bathing services during my stay: YES NO

Medications

- 1) _____ at _____ AM _____ PM
- 2) _____ at _____ AM _____ PM
- 3) _____ at _____ AM _____ PM
- 4) _____ at _____ AM _____ PM

Feeding: Bring my Own Use Mill Creek Food

If own food, directions/amount _____

While at Mill Creek, please have the doctor evaluate the following

My Doctor Preference (if available): _____

Some pets may be more comfortable having an item from home. While we have many items/toys for them to use, if you bring your own, please label clearly with your name, and document here (i.e. toy, leash, collar, etc.):

**** I give my permission to the Doctors and Staff of Mill Creek Animal Hospital to administer medications as necessary to address illness/injury that may occur; we will endeavor to communicate as this need were to arise.**

**** All pets entering the facility must be current on core vaccinations (Dog: Rabies, DA2PP, Bordatella; Cat: Rabies, DRC).**

Name _____

Signature _____

Date _____