

BOARDING DROP-OFF INFORMATION

Check in date: _____

Checked in by: _____

Check out date: _____

Checked out by: _____

Patient Name: _____

Owner Name: _____

Name of Emergency Contact: _____

Their Phones: (home) _____ (cell) _____

Person(s) authorized to make decisions if Owner cannot be reached:

Their Phones: (home) _____ (cell) _____

****WE REQUIRE THAT ALL VACCINATIONS BE CURRENT PRIOR TO BOARDING****

Please list any previous and current medical problems, allergies, or prior injuries.
(Example: prone to hot spots, eye or ear infections, contact allergies, arthritis,
paralyzed, prior surgeries, incontinence or unable to eliminate)

Regular veterinarian: _____

Address: _____ Phone: _____

FOOD & TREAT INSTRUCTIONS:

Brand (wet/dry): _____

Preferable feeding times: _____

Last time fed: _____

If your pet is not eating do we have your permission to use enticements, try other
foods or use appetite stimulants? Yes _____ No _____

(Owner may be charged additional costs for these services)

Treats? Yes _____ No _____ Provided? Yes _____ No _____

Treat instructions: _____

PROVIDED MEDICATIONS & INSTRUCTIONS:

Medication Name:	Time(s) To Be Given:	When Given Last:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Personal Items: _____

PREFERABLE ELIMINATION/WALK TIMES: _____

WILL ELIMINATE BEST ON: Grass _____ Concrete _____ Doesn't Matter _____

LAST TIME ELIMINATED: Urine: _____ Fecal: _____

INFORMED CONSENT

When deemed necessary, we will initiate emergency medical treatment for your pet and/or transport your pet to a 24 hour emergency medical facility.

Signature: _____

(Owner will be charged additional costs for these services)

We will seek your approval for any non-emergency medical issues.

We do not have a veterinarian on the premises after business hours.