

Last Name: _____ First Name: _____

Patient: _____ Species: _____ Sex: _____ Age: _____

Breed: _____ Color: _____ Weight: _____

BOARDING IN DATE: _____ OUT DATE: _____

Procedure to be done while boarding:

Exam _____ Vaccines _____

Surgery/Dental _____

Other _____

Bath/Grooming Instructions: _____ Scheduled date: _____

MEDICATION TO BE ADMINISTERED

Type of Medication _____ Dosage _____ Times per Day _____

1. _____

2. _____

3. _____

Feeding Instructions: Own Food Our Food Times per day _____

Personal Belongings: Carrier Bedding Toy Food / Treats Other

Describe: _____

All pets must be current on vaccinations. A certificate of vaccinations must be provided, otherwise, all vaccines will be administered at owner's expense prior to boarding.

* **Dogs** – Rabies, Distemper, Kennel Cough * **Cats** – Rabies, Respiratory

To protect your pet and the others that we care for, **all pets must be free of flea and ticks.** If fleas or ticks are detected on your pet they will be treated at your expense.

Veterinary Services is to use all reasonable precaution against injury, escape, or death of my pet and I agree to hold Veterinary Services harmless, in the absence of negligence, in connection with any procedures. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained.

Animals that have been boarded seven days past their original departure dates with no contact from the owners are considered abandoned and therefore property of Veterinary Services.

CLIENT CHECK IN SIGNATURE _____

Emergency Number/s: _____