

Boarding Form:

Owner's Name: _____ Phone #s: _____

Pet's Name: _____ Dog___ Cat___ Other___ Breed: _____

Admission Date & Time: _____ Discharge Date & Time: _____

ALL PETS MUST BE ADMITTED BETWEEN THE HOURS OF 8:30am AND 5:00pm, Monday thru Friday.

All DOGS ADMITTED MUST BE CURRENT ON THEIR Rabies, Distemper, Parvo, Influenza, and Bordetella (Kennel Cough) vaccinations. ALL CATS MUST BE CURRENT ON Rabies and FVRCP vaccinations. Also if any animal is found to have fleas or ticks, the animal will be treated at owner's expense.

Emergency Contact Name & Phone #: _____

Medications and dosage instructions: _____

Special Instructions: _____

Belongings: _____

Feeding Instructions: _____

Circle Additional Authorized Work while boarding:

Exam Heartworm Test Fecal Exam Rabies DHLPPC DHPPC Bordetella Influenza

FELV/FIV Test FVRCP FVRCP/FELV Nail Trim

Flea Prevention Bath Other: _____

Agreement to medicate and/or treat: _____ Init.

Can we get any supplies ready for you when you pick up your pet? Do you need any food, heartworm prevention, flea control, or medications refilled: _____

Current or Other Veterinarian's Name & Phone #: _____

The undersigned hereby warrants that he or she is the owner of, or authorized agent for the owner of the above animal and does hereby request, consent, and authorize Hooves & Paws Veterinary Clinic, its owners, and personnel to care for and treat said animal.

The undersigned acknowledges that other animals will be located on the premises and hereby authorizes the necessary care and treatment for any condition that may endanger said other animals and hereby agrees to pay the customary charges for such treatments. This includes, but is not limited to, parasites and infectious viruses.

The undersigned further acknowledges that no guarantees have been made except reasonable precautions against injury, escape, or illness with the understanding that the undersigned will remain fully responsible for the cost of all services provided by Hooves & Paws Veterinary Clinic.

PAYMENT IS EXPECTED AT TIME OF DISCHARGE

Signature of Owner/Agent: _____

Date: _____