

BOARDING

PLEASE FILL IN ALL BLANKS

Date: _____ Pet's Name: _____

Owner's Name: _____ (OWNER MUST BE 18 OR OLDER.)

Name of person bringing pet in if different from above: _____

Expected Pick Up Date: _____

Phone number(s) you can be reached at: _____

Check vaccines/test you want your pet to have:

K-9: Rabies Distemper/Parvo/Corona Bordetella Heartworm Exam

Intestinal Parasite Check

Feline: Rabies FVRCP Feline Leukemia Other: _____

NOTE: Rabies and Bordetella are required for boarding

BOARDING/PETS ADMITTED TO OUR FACILITY:

NOTE: All pets boarding are required to be current on **RABIES**. Dogs must also be current on **BORDETELLA/Cats FELINE DISTEMPER**. Without proof of these being current, we will administer at your expense.

Instructions on how to feed your pet(s)

(If your pet needs any of the Hill's Prescription or Science diet foods from the hospital inventory, there will be a charge for the products fed to your pet.)

Personal Items Being Left With Your Pet: _____

GROOMING: Do you wish for your Pet to be Clipped and/or Bathed While Boarding?

BATH CLIP (Haircut)

If pet is being clipped, please describe the cut you want: _____

The Date you want your pet to be bathed/clipped: _____.

Phone number where you can be reached on the day your pet is groomed or bathed: _____

****Please note if you request grooming services, expect to pick up NO EARLIER than 3:00 P.M.****

In order to groom your pet, should it be **ABSOLUTELY** necessary, do we have permission to sedate your pet?

YES NO (Sedation is done by a Veterinarian ONLY & the Veterinarian may REQUIRE bloodwork prior to the

sedation. Should this be the case, you will be contacted prior to the bloodwork being drawn).

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I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet should he/she deem it medically necessary while my pet is boarding. I assume responsibility for all charges for such services. Munford Animal Hospital reserves the **RIGHT TO BATHE PETS PRIOR TO DISCHARGE AT THE OWNER'S EXPENSE** IF deemed necessary. For any extended stay of 7 days or more, the pet will be bathed at the owner's expense.

Signature of Owner/Agent: _____

Please Print Name: _____

