

## BOARDING

Pick up & Drop off times : Monday-Friday 8-4:30pm  
E-Mail - munfordanimal@gmail.com Fax: (901)837-0103

**Drop Off 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:** \_\_\_\_\_  
**PERSON PICKING UP PETS IF DIFFERENT THAN OWNER** \_\_\_\_\_

**Phone number(s) you can be reached at:** \_\_\_\_\_

**Check vaccines/tests you want your pet to have:**

**K-9:** Rabies  Distemper/Parvo  Bordetella  Heartworm Exam   
Intestinal Parasite Check  CIV (canine influenza virus)   
**Feline:** Rabies  FVRCP  Feline Leukemia  Other: \_\_\_\_\_

### BOARDING/PETS ADMITTED TO OUR FACILITY:

**NOTE:** All pets boarding are required to be current on RABIES. Dog must have BORDETELLA & DAP  
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.) If my pet will not eat while boarding, I give permission to feed from the hospital inventory at my expense. If yes, please initial \_\_\_\_\_

**Has your pet eaten today?** \_\_\_\_\_

**Personal Items Being Left With Your Pet:** \_\_\_\_\_

**GROOMING: Do you wish for your Pet to be Bathed While Boarding? ASK A RECEPTIONIST IF THERE IS AN OPENING WHILE YOUR PET IS HERE.**

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. I also understand that if abandonment of your pet occurs, Munford Animal Hospital reserves the right to make ownership decisions regarding the abandoned pet. Munford Animal Hospital reserves the **RIGHT TO BATHE PETS PRIOR TO DISCHARGE AT THE OWNER'S EXPENSE** IF deemed necessary.

**Any pet that is observed with live fleas, flea dirt or ticks present on them will be treated at the owners expense. This is for the safety of all pets boarding at our facility**

**Signature of Owner/Agent:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_