

Boarding Admission Form

Please note: We are not responsible for leashes and toys left while boarding.

Date of Drop Off: _____

Owner's Name: _____

Phone Number You Can Be Reached While _____

Your Pet Is Boarding With Us: _____

Emergency Phone Number: _____

Name of Pet(s): _____

Type of Pet (cat , dog{ specify}): _____

Items Left With Pet: _____

Date Pet Will be Picked Up: _____ Time(approx) _____

Please Check the Following:

Do you want your pet bathed? (THERE WILL BE A CHARGE FOR THE BATH)

Yes

No

Is your pet on a special diet?

(Please Specify): _____

Is your pet on any medications?

(Please Specify): _____

Special Instructions

Please perform the following procedures on my pet during boarding:

Physical Examination

Regularly Scheduled Vaccinations

Heartworm Test

Fecal Examination

Toe Nail Trim

Other (Please specify) _____

Do You want your pet walked outside?

Yes

No

I authorize treatment of my pet if he or she is to become ill or injured during their stay.

In the event my pet becomes ill while boarding, I release Countryside Veterinary Clinic of any liability/cost occurred due to illness.

Signature: _____

Today's Date: _____