



Client Information

Name (first, last): _____

Spouse/Partner Name (first, last): _____

Mailing Address: _____

Home Phone: _____ Mobile: _____ Work: _____

Emergency Contact Information

Name (first, last): _____ Phone: _____

Essential Pet Information

Name: _____ Species: _____ Breed: _____

Age: _____ Date of Birth: _____ Color: _____

Sex: Male Female

Is your pet current on vaccinations? Yes No *Your pet's vaccines must be updated in order to stay with us.*

Is your pet on flea prevention? Yes No Is your dog on heartworm preventative? Yes No

Food provided? Yes No Would you like your pet(s) bathed while boarding? Yes No

Are any medications necessary while boarding? Yes No

Would you like your pet to have extra outside playtime at \$12 a session? (picture included, weather permitting) Yes No

Items left with pet: _____

Drop Off Date: _____ Pick Up Date: _____

Boarding Requirements

All animals must be current on all vaccinations. All animals must be free of external parasites or they will be treated at owner's expense. PetCare Animal Hospital has my permission to do whatever is necessary should an emergency arise. If a tranquilizer is necessary for treatment or handling, PetCare Animal Hospital has my permission to administer such medication.

I have read the boarding requirements and understand the hospital's policies.

Name: _____ Date: _____

Signature: _____