



PetCare  
ANIMAL HOSPITAL

# Boarding Form

## 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 \$14.50 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: \_\_\_\_\_