



Boarding, Bathing, Daycare

Owner Name: _____

Contact Number: _____

Date of Arrival: _____

Anticipated Date of Pick-Up: _____

Anticipated Time of Pick Up: _____

Name of Pet(s)	On Medication While Boarding?	Is Pet to be Bathed?	Other Services	Dr Exam or Treatment Requested?
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anal Glands <input type="checkbox"/> Nail Trim <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anal Glands <input type="checkbox"/> Nail Trim <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Anal Glands <input type="checkbox"/> Nail Trim <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medication Administration			
Pet Name	Drug	How Much (Dose)?	How Often?

Feeding Instructions

Food Source: Hospital Supply Owner Supply

Please list and describe any personal items brought with the pet(s):

Emergency Contact Name: _____

Emergency Contact No.: _____

I understand that:

- All pets will be checked for fleas. If present, a charge for a flea bath/flea treatment will be charged
- Bordetella (Kennel Cough) vaccine is required two days prior to boarding or will be given to all dogs upon arrival.
- I authorize the veterinary staff at Bertrand Drive Animal Hospital to treat my pet(s) if it should become ill while boarding and until I can be reached and to do whatever is necessary should an emergency situation arise. I understand that medical supervision is available during normal hours only.
- I also understand that if I fail to claim my pet(s), a written notice will be mailed. Five days after such a notice, the pet will be considered abandoned and this pet will be handled in accordance with hospital policy. I understand that if abandoned, I am not relieved from paying for the services including the cost of keeping the pet additional days.

Owner Signature: _____

Date: _____

Thank you for allowing us to care for you and your pets!