Owner Name: Click here to enter text. Pet Day:Click here to enter text.

Boarding Start Date:Click here to enter a date. Expected Pick-up: Click here to enter a date.

Primary Phone: Click here to enter text. 2nd Phone: Click here to enter text.

Pets Diet: Click here to enter text. Amount Fed Daily: Click here to enter text.

Medication Name Amount Given Times Given Daily

|  |  |  |
| --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

Additional instructions or request: Click here to enter text.

Boarding Policy

1. All boarding pets must be current on vaccinations. If your pet was vaccinated by another veterinarian a copy of their vaccine history must be provided. At home vaccinations are not accepted.
2. If your pet is past due Flea or Heart worm medication, or parasites are found during their stay our Doctors will administer a parasiticide.
3. Some pets become stressed or restless while staying and may require mild sedation. I give our Doctors authorization to administer and sedative as they deem necessary.
4. If your pet becomes sick while staying we will notify you ASAP! However, in the event I cannot be contacted by phone I authorize any basic treatment the Doctor deems necessary including surgery, regardless of cost.
5. All precautions are made to prevent injury and escape while boarding. Animal Wellness Center and employees are not responsible for any injury or escape of my pet.
6. In the event I cannot pickup on the above. I will notify Animal Wellness Center and change the pickup date as needed.
7. Any additional charges will be applied to the final bill and I accept full financial responsibility.

Click here to enter text. Click here to enter a date.

Signature or Type to Sign Date