

BOARDING REGISTRATION

Owner's Name: \_\_\_\_\_ Account # \_\_\_\_\_

Contact Information: \_\_\_\_\_

\_\_\_\_\_

In the event we are unable to contact you, who may we contact in case of emergency?

Name & number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Boarding dates: \_\_\_\_\_ Bath before home? Y N

Pet's Information:

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_

Is your pet taking any medications? Y N

If yes please list the medication(s), how much you give, and when each day you give them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were any medications due prior to being left for boarding given? Y N

If yes, when were they given last? \_\_\_\_\_

Does your pet eat dry or canned food at home? \_\_\_\_\_

How much does your pet eat and how often? \_\_\_\_\_

Are you bringing your pets food with them while boarding? Y N

Are there any concerns the Dr. needs to be aware of while boarding? Y N

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Any Special instructions for us to follow for your pet while boarding? Y N

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Are you leaving any personal items for your pet while boarding? Y N

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Reasonable care will be used against injury, escape, or death of your pet. The clinic and staff will not be held responsible for problems that may occur given that reasonable care and precautions are followed. I understand that any problems that occur with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense incurred.

\_\_\_\_\_  
Owner or Responsible party

Boarder checked in by: \_\_\_\_\_