

# BOARDING ADMISSION FORM

Owner \_\_\_\_\_

Pet's Name \_\_\_\_\_ Breed \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_

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Boarding Dates: \_\_\_\_\_

## OPTIONAL SERVICES AVAILABLE AT ADDITIONAL CHARGE:

\_\_\_\_\_ Dismissal Bath or Groom          \_\_\_\_\_ Nail Trim

## MEDICAL SERVICES REQUESTED AT ADDITIONAL CHARGE:

(Additional charge to administer medication)

Medications: 1 \_\_\_\_\_ X's per day \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

2 \_\_\_\_\_ X's per day \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

3 \_\_\_\_\_ X's per day \_\_\_\_\_ am \_\_\_\_\_ pm \_\_\_\_\_

Physical Exam -Specific Problem: \_\_\_\_\_

Is your pet(s) allergic to any drugs? Specify:  
\_\_\_\_\_

Yearly Vaccinations: 3y or 1y? Bordetella: \_\_\_\_\_ Hwt: \_\_\_\_\_ Fecal: \_\_\_\_\_

**\*\*If evidence of fleas or intestinal parasites is present, Capstar flea medication and/or the appropriate "dewormer" will be given. (There is a fee for this).**

**\*\*I understand that in the event of an emergency or of my pet(s) illness, the staff will immediately attempt to contact me to discuss the problem and treatment options, but may not be able to contact me immediately and is therefore authorized to initiate appropriate treatment until I can be reached.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*Name & Phone Number of Responsible Party to be reached in case of an Emergency:**

\_\_\_\_\_

**Special notes and/or feeding instructions:**

\_\_\_\_\_