

### Boarding Admittance Form

OWNER/ GUARDIAN NAME: \_\_\_\_\_

PET'S NAME(S): \_\_\_\_\_

**BOARDING DROP-OFF DATE:** \_\_\_\_\_ **PICK-UP DATE:** \_\_\_\_\_

BATH: Yes  No

**BOARDING TYPE:**

\*Bath includes a nail trim, ear cleaning, anal gland expression, and drying

Standard:

BATH ADD-ON: Nail Grinding  Brush-out

Large Suite (12x8):

GROOM: Yes  No  Date: \_\_\_\_\_

Small Suite (Window) (6x6):

OWN FOOD: Yes  No

Small Suite (6x6):

Feeding Instructions:

Is your pet currently taking any medication? If so, what and how often are we to administer?

Have there been any recent changes in your pet's health?

Other Instructions or Veterinary Needs:

We require proof of vaccination. Please list the dates and location of last vaccines or indicate which vaccines you would like us to administer to your pet while boarding with us.

**CANINE ONLY:**

Bordetella: \_\_\_\_\_ SNAP 4DX Plus(Heartworm/Tick-borne Disease Test): \_\_\_\_\_

Rabies: \_\_\_\_\_ Intestinal Parasite Screening: \_\_\_\_\_ Lyme: \_\_\_\_\_

DHLPP: \_\_\_\_\_ Wellness Blood Work: \_\_\_\_\_

**FELINE ONLY:**

FVRCP: \_\_\_\_\_ FeLV: \_\_\_\_\_ Wellness Blood Work: \_\_\_\_\_

Rabies: \_\_\_\_\_ Intestinal Parasite Screening: \_\_\_\_\_

**Proof of vaccination is required at the time of drop-off. If we are unable to verify your pet's vaccination history, at a minimum, Dr. Colbert will give Rabies, DHPP and Bordetella in order for your pet to board in our facility. We strive to provide the best care possible for your pet(s) during their visit with us. It is our privilege to have them, and we thank you for entrusting us with their care!**

**\*Please note: We have everything your pet needs to be comfortable, have fun, and stay safe from blankets to toys, ID collars, and leads. Feel free to bring food and any medications, but please do not bring any additional belongings. Leashes and collars will be sent home with you at time of drop-off. Disclaimer: We cannot be held responsible for extra belongings (i.e owners keys or personal belongings, leashes, collars, or crates) or instructions for family members picking up pets.**

On occasion, it is necessary for us to contact you during your pet's stay with us. Please list the best available contact numbers below. PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. Our practice does not bill.

1.) PRIMARY CONTACT #

2.) SECONDARY CONTACT #

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_