



Thank you for entrusting us with the care of your pet. Please help us become better acquainted with the needs of your pet while s/he is boarding with us.

We do not board pets over 40 lbs., and dogs must be at least 6 wks of age. Please insure all items left with us are labeled with pet's first and last names, including food. **We are not responsible for items left with boarders.**

Client Information:

Pet's Information

Name _____ Pet's Name _____ Weight _____

My pet will be staying at Boones Creek Animal Hospital from _____ to _____

If my pet stay extends past this date, I agree to contact the hospital to make further arrangements.

A deposit on my account may also be necessary at this time.

You may pick up your pet anytime between regular business hours Monday thru Saturday.

Is your pet currently taking any medications? Y / N If so, what? _____

How often? _____ Did your pet receive medication this a.m/p.m _____

Does your pet have any allergies to medications or vaccines? Y / N

If yes, what? _____

Food: _____

Did your pet eat this a.m/p.m. _____

We only supply dry food for boarding. If you would like your pet to have canned there will be additional charge.

Will your pet need any other treatment while boarding? (i.e.: Nail trim, Distemper vaccine, Microchip)

Please list other items your pet will have with him/her (i.e.: collar, bed, blanket, etc.):

For a charge of **\$3.00 per picture** you may elect to have us send a picture once every 3 days, what number would you like that sent to:

I hereby give Boones Creek Animal Hospital permission to use pictures of my pet on social media (facebook, instagram, etc)

_____ I do not give permission: _____

Pets must stay for 1 week to receive a complimentary bath. Would you like a bath before pick up? _____

Charge for bath is \$35.00

If your pet becomes sick or injured during its stay, we will make every attempt to contact you. In the event that we cannot contact you, do you give authorization to the attending veterinarian to treat your pet as necessary? _____

I give authorization for my pet to be treated up to _____

Emergency Contact: _____ **Phone number:** _____

Note: I understand all animals must have had vaccinations through a licensed veterinarian within the last 12 months. Dogs are required to have Exam, DA2PPC, Rabies, Bordetella, and Canine Influenza. Cats are required to have Exam, FVRCP, and Rabies. Pets must also be current on flea/tick treatment upon admission. We recommend vaccines be administered 7 days prior to boarding. If pet is not current I authorize Boones Creek Animal Hospital to administer any vaccinations/treatments and I will accept full financial responsibility.

In order to make your pets stay comfortable, we will provide flea treatment on an as needed basis, and you will be responsible for the charges upon your return.

Canine Vaccines: Rabies _____ Bordetella _____ CIV _____ DA2PPC _____

Feline Vaccines: Rabies _____ FVRCP _____ Check By: _____

Signature: _____ Date: _____

Completed by: