



- SMALL ANIMAL VETERINARY SERVICES -
- BOARDING & GROOMING -

Boarding Information for _____

Pick Up Date ____/____/____

Pick Up Time _____

Emergency Contact*:

Name _____ Number _____

*Please list someone other than yourself or a traveling companion that may act on your behalf regarding decisions related to your pet's health and authorize expenses.

SUITE TYPE:

Indoor/Outdoor Deluxe Indoor Only Cat Condo

MULTIPLE PETS:

Board Together Separate

ADDITIONAL SERVICES:

Bath* Groom *Please complete a grooming instruction sheet.*

* Shedless Coat Treatment: Please ask our receptionist about pricing and availability.

** Free bath if boarding 7 nights or more**

FEEDING INSTRUCTIONS:

Hill's Science Diet Brought my own
Serving size: _____
Frequency: _____

Has your pet eaten today?

Yes-A.M. Yes-P.M. No

SPECIAL NEEDS:

Yes No

MEDICATION: Please list name(s), dosage, and frequency. Dispensing fee of \$1/dose (\$5/day max)

1. _____
2. _____
3. _____

Next dose of medication is due (date and time) _____

*In order to maintain a "flea-free" facility, all boarding pets will be given an oral flea tablet upon arrival for a minimal fee.

Please list all personal items. All items must be labeled. (We cannot be responsible for loss or destruction of items)

ADDITIONAL PLAY TIME: No YES - Qty: _____ \$15 per 20 min. session

*May we provide any other services for your pet? If so, please let our receptionist know so they can schedule them.

Signature: _____ Date: _____