

OAKS NORTH ANIMAL HOSPITAL
BOARDING FORM

Date: _____

Owner's Name _____ Pet's Name _____

Address _____

Emergency Phone No. _____ Release Date _____

For your animal's protection, we require animals boarding to be current on all vaccinations.

- 1) Dog - Current on all vaccinations, including kennel cough.
- 2) Cats - Current on all vaccinations (FVRCP & Rabies). We strongly recommend cats be vaccinated for feline leukemia.

_____ approve _____ disapprove

All animals must be free of fleas. If fleas are found they will be bathed at owners expense.

Please fill out all information about your pet you feel we need to be aware of.

Special diet: _____

Medications: _____

Personal Items: _____

Desired treatment while boarding:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> vaccinations | <input type="checkbox"/> toenail trim | <input type="checkbox"/> bath and dip |
| <input type="checkbox"/> fecal (deworming if necessary) | <input type="checkbox"/> ear exam | <input type="checkbox"/> bath before release |
| <input type="checkbox"/> heartworm exam | <input type="checkbox"/> feline leukemia test & first vaccine | <input type="checkbox"/> general physical |
| | | <input type="checkbox"/> other (specify) _____ |

Your pet's well-being is our upmost concern. We will do everything in our best judgement to see that your pet is well cared for and kept in a clean, dry environment.

Owner's signature