

CHINA GROVE VETERINARY CLINIC BOARDING INFORMATION FORM

PET'S NAME: _____
CLIENT NAME: _____ CELL PHONE: _____
ALTERNATE CONTACT: _____ PHONE: _____

Please list any items that you are leaving with your pet (e.g. blankets, toys, dishes, treats)

NOTE: All items will be labeled with permanent marker to insure that you go home with your items. Bedding will be laundered daily.

High quality pet food is included at no additional cost to you. However, you may choose to provide your pet's usual diet. If so, please insure there is plenty of food to last the entire stay. If providing food for your pet, provide details here:

Brand name: _____
Amount to feed: _____ Once/day [] Twice/day []

What medications are you leaving (if any) to be administered to your pet during his/her stay?

NOTE: Fee for medication administration is \$6.00/day

List medication, dose, and frequency: (please insure that you brought enough for the entire stay)

Is your pet sensitive or allergic to any medications or food [] no [] yes

Please list: _____

This hospital requires the following vaccines to be eligible for boarding (proof from administering veterinarian is required or vaccines will be updated at time of boarding entry):

Dogs: RABIES DHLPP BORDETELLA

Cats: RABIES FVRCP

All pets will be treated for fleas upon boarding entry at owner's expense.

_____ If your pet becomes ill while staying at our hospital, he/she will be treated appropriately at owner's expense and you will be contacted at the number you provide on this form. Only in cases of emergency will your alternate contact be notified.

Would you like your pet to have an exit bath? Cost varies depending on size (\$20-\$40) YES NO

Signed: _____ Date: _____