		ld Animal Hospital barding Form	Staff Initials:	
	Patient:	Owner:		
	Pick up Date:	Pick up Time:		
			of boarding. Pets picked up after 12pm e higher during peak holiday periods.	
Type of Boa	urding: 🗌 Upgraded	Run 🗌 Stand	ard Cage (under 35lbs)	
In case of emergency or i	ssues during my pets stay	y, please call the following nu	mber(s) - list in order of preference:	
1.)		2.)		
Person Picking up:	n Picking up: Phone number:			
			ease provide additional information:	
Own Food- Brand:		Amount:	In-House Food	
	gs:•			
• Flea/Tick Preventati	ve: Must Have Been Appl	lied within the Last Four (4) W	eeks	
Product:	Date Given:	If dose is not current,	we will apply a single dose (fee applies)	
If your pet is not up- Dog	to-date, an exam will be p s: Rabies, Distemper (DH			
	or diarrhea, I agree to have ee & medication fees app		rian or technician and treated	
		dditional Services	~,	
		available during weekends		
Daily Spa Treatments * a	Every other day [] Every other day		S:	
Bath	Nail Trim	-	Anal Expression	
	ge A natural remedy gr ural Calming Remedy (\$13	reat for nervous, stressed of 3/dav)	r anxious pets	
Wet Food: If your p	• • •		heir food to encourage them to eat	
Yes, add wet	food if my pet isn't eating	g. No, please call first.		
the hospital. If I can costs. I ur State law requires	not be reached, necessary st nderstand that payment is d us to inform you that we are	teps will be taken to treat my pet ue at time of pick up. We do no	s not provide 24-hour continuous medical	

Date: _____

Signature: _____