

Boarding Information & Instructions

All lines must be filled out completely for your pet to be boarded.

Date in: _____ Pick-up Date: _____

Client Name: _____ Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Pet's Name: 1. _____ 2. _____ 3. _____

List ALL personal belongings: (include: bowls, perches, toys, cages) _____

Feeding

We Brought Food

List Foods: _____

Amount: _____

Instructions: _____

Did Not Bring Food

Please Feed the Following: _____

Amount: _____

Instructions: _____

Medication

Is your animal currently on medication? YES _____ NO _____

If yes, did you bring the medication? _____

List Medication and Dosage:

1. _____ Dosage: _____ Last Given: _____

2. _____ Dosage: _____ Last Given: _____

3. _____ Dosage: _____ Last Given: _____

Does your pet require any of the following:

Physical Exam

Blood-work If yes, describe _____

Wing Trim

Beak Trim

Nail Trim

Bath/Brush

Cover at Night

I authorize treatment of my animal as deemed necessary by the veterinarian while my pet is in the care of Homestead Animal Hospital.

I understand that in order for my pet to be boarded, a health exam within the past year is required.

I understand that, for safety reasons, no boarding animal will be released outside of business hours.

I understand that Homestead Animal Hospital is not responsible for lost or damaged toys or belongings, but will make every effort to return all listed items.

I understand that in the unlikely event that my pet passes away while boarding, Homestead Animal Hospital will hold the remains until I can be contacted and arrangements made.

Signature: _____ Date: _____

STAFF USE ONLY: CK-IN INITIALS _____