

Pet Boarding Form

Owner: _____

Arrival Date: _____

Pet's Name: _____

Pick up Date: _____

Phone number where I can be reached: _____

Vaccines we require for boarding: We cannot board pets unless all vaccines are current. We administer and charge accordingly if not up to date. I give permission to All Pets to vaccinate my pet. If my pet requires vaccinations, there will be an exam fee of \$26.

Dogs: Rabies, DHPP, Bordetella

Cats: Rabies, FVRCP

Would you like any additional services?

There will be additional charge for these services.

- | | |
|---|--|
| <input type="checkbox"/> Bath | <input type="checkbox"/> Annual Exam |
| <input type="checkbox"/> Anal Glands | <input type="checkbox"/> Microchip |
| <input type="checkbox"/> Nail trim | <input type="checkbox"/> Fecal Exam |
| <input type="checkbox"/> Heartworm Test | <input type="checkbox"/> Whatever is due |

TLC Package:

We offer raw frozen bones to your pet to prevent boredom and help clean their teeth. Would you like us to give your pet fresh bones for @2.50 each?

Yes How many? _____

Food:

Did you bring your own food ___ Yes ___ No

Did you bring your own treats ___ Yes ___ No

How much do you feed per feeding _____

Medications:

Is your pet taking medication? ___ Yes ___ No

Medication: _____

Medication: _____

Amount: _____

Amount: _____

Frequency : _____

Frequency : _____

Pet's Belongings:

Please list any personal belongings you are leaving with your pet. We are not responsible for lost or damaged belongings.

I give permission for All Pets Veterinary Hospital to treat my pet for any medical conditions they may arise while my pet is boarding.

I understand that All Pets Veterinary Hospital does not provide 24 hours supervision. I understand my pet must be up to date on all vaccinations to board at our facility. **Any external/internal parasites (fleas/ticks/intestinal worms) will be treated immediately at my expense.** I understand that I am financially responsible for any cost associated with vaccinations or parasite treatment that this payment is due upon discharge. In the event of any emergency, the veterinarian and staff at All Pets will do all in their power to reach me. In the event I cannot be contacted, I understand that the appropriate treatment will be given to my pet and I assume full financial responsibility for this care. I agree to release All Pets Veterinary Hospital, its owner, staff, and employees from any and all liability for escape, injury, illness or death of my pet while boarding at All Pets. If I neglect to pick up my pet(s) within five (5) days of the pickup date and do not notify All Pets within that time, my pet(s) will be deemed abandoned and All Pets will assume full ownership of the animal and dispose of as seen fit.

Signature: _____

Date: _____

For office use only:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Dhpp | <input type="checkbox"/> FVRCP |
| <input type="checkbox"/> Rabies | <input type="checkbox"/> Heartworm test |
| <input type="checkbox"/> Bordetella | |