

CHECK IN DATE _____ CHECK OUT DATE/TIME _____
CLIENT NAME _____ PET NAME _____

Phone # where you can be reached (or name phone # of responsible party)

_____ alternate # _____

DIET/ My pet's diet is _____ dry _____ canned _____
_____ cup(s) _____ times daily _____ can(s) _____ times daily
____ Brought own food _____ Please feed diet provided by hospital
Other special instructions: _____

TOYS,etc Please list blankets, toys etc. that you brought: _____

MEDICATION/SUPPLEMENTS

MEDICATION	DIRECTIONS	Last dose given	Brought meds
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your pet need Frontline/Heartgard or Revolution? ____yes (please specify) ____ no

Please list any medical conditions we should be aware of: _____

Would you like your pet bathed before discharge? ____ yes ____ no
Pets that are bathed may not be available to go home until late in the day. Please call the day of check out before picking up your pet. We request that you keep your pet's collar and leashes – thank you!

Your pet may be due for vaccines or other services. Would you like us to perform any of these services while (s)he is boarding? *All pets must be current with Rabies vaccination and fecal examination; Dogs must be current on Canine Influenza, DHPP and Bordatella (Kennel Cough) and Cats must be current on FVRCP.*

_____	yes	no	_____	yes	no
_____	yes	no	_____	yes	no
_____	yes	no	_____	yes	no

Is there anything else you would like us to do for your pet while (s)he is here boarding?

I understand that in the unlikely event my pet becomes ill during his/her stay, my pet will be treated promptly at my expense. I also understand that the Broad River Animal Hospital will make a reasonable effort to contact me at the above emergency phone number prior to treatment, should time permit.

Signed _____ Date _____