

Pine Meadow Veterinary Clinic Canine Boarding Form

Pet: _____ Species: _____ Breed: _____
Sex: _____ Age: _____

1. Anticipated Boarding Dates : From ___ / ___ / ___ To ___ / ___ / ___

2. Contact Information:

Who should we contact in case of an emergency?

Name: _____

Phone Number(s): _____

3. Services Requested: _____

4. Medications/Medical Conditions: _____

5. Items brought with Pet: (Please put name on items!)

6. Would you like your pet to have a bath while boarding? Yes No

In case of emergency in which owner or authorized person(s) cannot be reached and medical treatment is needed, I authorize Pine Meadow Vet to initiate treatment until owner or authorized person(s) can be reached.

If yes, what time do you anticipate picking up?

Please Note: In order to protect your pet from fleas, all pets entering the hospital for boarding will be treated with Capstar upon admission and prior to being discharged. Cost is \$4.75 per treatment.

7. Owner Signature: _____

Vaccines required for your pet to stay at our facility:
Dogs: Rabies, DHPPC, Bordetella Cats: Rabies, FVRCP

Tech Initial:

IN _____ OUT _____
