

## Pine Meadow Veterinary Clinic Feline Boarding Form

Pet: \_\_\_\_\_ Age: \_\_\_\_\_ Species: \_\_\_\_\_  
Breed: \_\_\_\_\_ Sex: \_\_\_\_\_

**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!)

CARRIER?
YES      NO

\_\_\_\_\_

\_\_\_\_\_

**6. Would you like your pet to have a nail trim 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.

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 \$4.50 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 _____