

Boarding Admission Form

Hickory Tree Veterinary Hospital

Client Name: _____ Date: _____

Pet(s) Name: _____ Breed: _____ Color: _____

Name: _____ Breed: _____ Color: _____

Date in: _____ Date to be picked up: _____

Best phone number to reach you by: _____

Alternate phone number: _____

Emergency Contact Name: _____ Number: _____

Are you leaving any on the following: (check all that apply)

Food Toys Bedding Medications Other: _____

Description of items left with pet:

Special instructions or services while boarding:

- All pets must be clear of fleas and parasites. Cats must be current on Distemper and Rabies vaccines. Dogs must be current on Distemper/Parvo, Bordetella, and Rabies Vaccines.
- If medications are necessary for treatment, I give my permission to administer such medications. (Please note there is an additional charge for this service)
- Reasonable precautions will be used to ensure the safety and health of your pet while boarding. I authorize the doctors and staff at Hickory Tree Veterinary Hospital to do whatever is necessary in case of illness or an emergency situation for the care of my pet.

PLEASE NOTE: There will be an additional \$27.00 charge for all pick-up arrangements made outside regular hours of operation.

Client Signature _____ Date: _____