

BOARDING ADMISSION FORM

Client Name: _____ Date: _____

Pet's Name: _____ Breed: _____ Color: _____

Pet's Name: _____ Breed: _____ Color: _____

DATE TO BE PICKED UP: _____

Your cell number or number where you can be reached:

AND/OR

Emergency contact while boarding: (Please include name and number)

ARE YOU LEAVING THE FOLLOWING ITEMS:

FOOD? ___YES ___NO

TOYS? ___YES ___NO

BEDDING? ___YES ___NO Description: _____

SPECIAL INSTRUCTIONS OR SERVICES WHILE BOARDING:

1. _____

2. _____

3. _____

- 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 of 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 \$25.00 charge for all pick-up or drop off arrangements made outside regular hours of operation.

Signature of Owner or Responsible Party