

Boarding Form

Owner's Name _____ Today's Date _____ Check-out Date _____

Best number to reach you at during your pet's stay? _____

OR

If you would like another person to be able to make decisions regarding your pet, please provide contact information:

Name: _____ Phone Number: _____

Did you bring your pet's own food? Yes No

Special feeding instructions?

Are there any medications that need to be administered while boarding? Yes No

If yes, please list medications and instructions:

Would you like your pet to have a bath before leaving?* Yes No

Would you like your pet to receive a nail trim before leaving?* Yes No

There is an additional fee for this service

Please list any personal belongings being left with your pet and any other special instructions:
(Toys that are damaged, have sharp edges, or pose a choking hazard to your pet will not be placed in his/her kennel. Towels from home will not be placed in the kennel unless marked with the pet's name.)

NAH will use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will NOT be held liable for any problems that develop provided reasonable care and precautions are followed. I understand ANY problem that develops with my pet while I'm absent will be treated as deemed best by the veterinarians, and I ASSUME FULL RESPONSIBILITY for any of the treatment expenses involved. I understand that if FLEAS ARE FOUND ON MY PET HE/SHE WILL BE TREATED WITH A CAPSTAR TABLET.

Owner/Agent _____

Date _____

