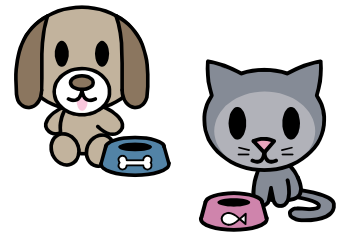




Boarding Form



Client Name: _____ Pet's Name: _____

Date In: _____ Date Out: _____

❖ **FEEDING & SERVICE NEEDS:**

- Did you bring your pets food? _____
- Number of times your pet eats daily: _____
- Your pets next feeding is at: _____
- Does your pet need a bath? (Complimentary if staying more than 1 night.) _____
- Does your pet need a nail trim? (Complimentary if staying more than 1 night.) _____
- Does your pet need an examination while here? _____
- Please list any items, if any, that you are leaving with your pet (we are not responsible for any lost items or items left here while boarding):

- Specific notes, if any, you would like All Cypress Veterinary Hospital to know:

❖ **MEDICATIONS:** (Please document medications needed to be given, if any.)

Medication	Instructions	Time next dose is due

❖ **TREATMENT INFORMATION:**

- Do not treat my pet if he/she becomes ill without calling me first.
- Treat my pet if he/she becomes ill up to (\$) _____.
- Phone Number (s) where we can reach you:* _____.

❖ **EMERGENCY PROCEDURE:**

- In an emergency situation, can we stabilize your pet prior to contacting you? Yes__No__

I understand that my pet **will be treated** for any internal/external parasites (including fleas) noticed while boarding here and **will be updated on vaccines**, if not already current, at the owners expense for the sake of our clinic and our patients.

Signature: _____