

BOARDER INFORMATION

Please complete form and bring it with you on the day of your boarding

Owner Name _____ Date IN: _____ Date Out _____

Dog Name _____ Breed _____ Color _____ M/F _____

Dog Name _____ Breed _____ Color _____ M/F _____

Dog Name _____ Breed _____ Color _____ M/F _____

Cat Name _____ Breed _____ Color _____ M/F _____

Cat Name _____ Breed _____ Color _____ M/F _____

FEEDING INSTRUCTIONS

(If you do not bring your own food we feed Science Diet and ProPlan. Please check which food you wish us to use)

Science Diet

- S.D SENSITIVE STOMACH
- S.D LITE
- S.D SMALL BITES
- MATURE

DRY CANNED

1X AM 1XPM 2 X 3X LEAVE OUT

PROPLAN

- PP ADULT CHICKEN/RICE
- PP ADULT SENS. SKIN/STOM
- PP PUPPY CHKN/RICE
- PP LITE
- PP SMALL BITES
- PP SENIOR

HOW TO FEED

Your pet's food Brand _____

1X AM 1XPM 2 X 3X LEAVE OUT

Please bring your food in a Container or bag with your pets first and last name.

MEDICATION

All medication must be in the prescribe bottle

Medication _____ Directions _____

Medication _____ Directions _____

Medication _____ Directions _____

Flea Medication Yes No

EXTRA'S

TBR YES NO

FECAL YES NO

SURGERY YES NO

GROOM YES NO

Bath YES NO

BELONGINGS

VETERINARIAN PREFERENCE _____

VETERINARIAN PREFERENCE _____

VERERINARIAN PREFERENCE _____

OUR DOCTORS

DR. SMITH

DR. KAPTAN

DR. SCHELLE

Overall Consent: I understand that there is a charge for additional elective services such as dental, grooming and micro-chipping. For the safety of the boarders, all pets with fleas, ticks, or other parasites will be treated at owner's expense if identified on your pet. I certify that I, the owner of the above listed pet, I do hereby release County Animal Hospital from all liability related to care provided. I acknowledge that I am responsible for payment in full for all treatments and care at time of pick-up.

SIGN _____ **DATE** _____