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	PROPLAN	HOW TO FEED
□ S.D SENSITIVE STOMACH	□ PP ADULT CHICKEN/RICE	_____
□ S.D LITE	□ PP ADULT SENS. SKIN/STOM	_____
□ S.D SMALL BITES	□ PP PUPPY CHKN/RICE	_____
□ MATURE	□ PP LITE	_____
	□ PP SMALL BITES	_____
	□ PP SENIOR	_____

□ DRY □CANNED

□ 1X AM □ 1XPM □ 2 X □ 3X □ LEAVE OUT

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

VETERINARIAN PREFRENCE _____
VETERINARIAN PREFRENCE _____
VERERINARIAN PREFRENCE _____

OUR DOCTORS

□ DR. SMITH
□ DR. KAPTAN
□ DR. SCHELLE

BELONGINGS _____
_____
_____

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**_____

Submit Reset Form Print

Rev. 02/05/2017