



Boarding Information Sheet



The Standard of
Veterinary Excellence

Accredited Since 2007

So that we may better care for your pets, please fill out the following information. For the safety of your pet, we ask that you remove all collars while boarding.

Client:	
Patient:	Patient ID:
Boarding Dates:	Estimated Pick Up Time _____

Belongings: <small>be descriptive</small>					Diet (circle one):	Hospital	Own: _____	
Emp Use:	Recep In	Kennel In	Recep Out	Kennel Out	When: 1x/day- AM / PM	2x/day	3x/day	Start:
					Amount:			
					Snacks:			

Medications: must be seperated, identifiable and in the original container

There is an additional charge for medication administration per day, for pet's requiring medication

Medication:	Amount	AM	Noon	PM	Start

Special instructions:

Medical Concerns: Please list or describe. You may be asked to fill out a medical drop off form

Employee use:	DR	Ken	Spa	EW	NT	KB	AG	VIP
Vax:	Current: Y / N				Exam/Procedure:			
	Due For: _____							