

Boarding Information & Instructions

All lines must be filled out completely for your pet to be boarded.

Date in: _____ Pick-up Date: _____
Client Name: _____ Phone # _____

Emergency Contact Name: _____
Phone # _____ Cell # _____

Pets Name: 1. _____ 2. _____ 3. _____

List ALL personal belongings: (include: bowls, perches, toys, cages) _____

Feeding

- We Brought Food**

List Foods: _____

Amount: _____

Instructions: _____

- Did Not Bring Food**

Please Feed the Following: _____

Amount: _____

Instructions: _____

Medication

Is your animal currently on medication? YES ___ NO ___

If yes, did you bring the medication? _____

List Medication and Dosage:

1. _____ Dosage: _____ Last Given _____

2. _____ Dosage: _____ Last Given _____

3. _____ Dosage: _____ Last Given _____

Does your Pet require any of the following:

- Physical Exam
- Blood-work If yes, describe _____
- Wing Trim
- Beak Trim
- Nail Trim
- Bath / Brush

I authorize treatment of my animal as deemed necessary by the veterinarian while my pet is in the care of Homestead Animal Hospital.

I understand that in order for my pet to be boarded, a health exam within the past year is required.

I understand that for safety reasons no boarding animal will be released outside of business hours.

I understand that Homestead Animal Hospital is not responsible for lost or damaged toys or belongings, but will make every effort to return all listed items.

Signature: _____ Date: _____

STAFF USE ONLY: CK-IN INITIALS _____