

BOARDING REGISTRATION FORM

*General Information

Client's Name: _____ Account #: _____ Admitted by: _____

Pet's Name: _____ Weight: _____ Room Reservation: _____

Entry Date: _____ Time: _____ Expected Date of Return: _____ AM or PM

*****For your pet's safety and others, your pet's vaccinations must be current. If your pet is found to be not current, we will administer appropriate vaccines.*****

Regular Veterinarian/Hospital: _____ Vaccination Status Checked: _____

*Emergency Information

Emergency Contact: _____ Emergency Phone Number: _____ and/or _____

Additional Information: _____

*Pet's Care Instructions/Information

Feeding:

Type of Food: _____

Food Source: _____

Kennel Food Requested: _____

Feeding Amount: _____

Feeding Schedule: _____

Bedding/Belongings:

****We are not responsible for items that are left while boarding****

Personal Items Left: _____

Descriptions of Items Left: _____

*Additional Services Desired

Overdue Reminders: **Please Initial if Desired**

Medications:

Medication(s) while Boarding: _____

Medication(s) Instructions: _____

Other Information:

Allergies: _____

Bath Type Requested: _____

Special Needs?: _____

Play Time?: _____

Does your pet jump fences? _____

Nail Trim: _____

Express Anal Glands: _____

Exam by a Doctor: _____

Exam Notes: _____

Additional Information: _____

****Please ask staff member for any inquires on prices.****

****I AUTHORIZE THE VETERINARIANS AT THE MOORE LANE VETERINARY HOSPITAL TO MEDICALLY OR SURGICALLY TREAT ANY EMERGENCY SITUATION THAT OCCURS WITH MY PET DURING HIS/HER STAY AT THE HOSPITAL.**

Signature: _____ Date: _____