



SHILOH VETERINARY HOSPITAL

345 Shiloh Rd., Billings, Montana 59106
(406) 656-1910 www.yellowstonevalleyvet.com

Dell Kay Bertino, DVM Marci Cook, DVM



BOARDING INFORMATION

Client Name: _____

Emergency phone number: _____

Pet(s): _____

Pickup is during business hours
M-F 7am-6pm Sat 8a-12p
**There is NO pickup on Sun or
Holidays**

Entry date: _____

Expected date of return: _____ AM PM

Normal diet _____

Feeding schedule _____

Special instructions: _____

Items left: _____

****If not described above, we are not responsible for items that are left when boarding. ****

If your pet is staying for two nights, would you like a complimentary bath? YES NO
A bath is not guaranteed if pickup is before 10 a.m.

SERVICES DESIRED WHILE BOARDING

Examination by Doctor _____

Concerns _____

Heartworm test _____

Bath&Brush _____

Urinalysis _____

Nail trim _____

Wellness Lab Work _____

Microchip placement _____

Express anal glands _____

Clean ears _____

Leash walking _____

How often daily? _____ Weekly? _____

Other _____

I authorize the doctor to treat the problem medically and/or surgically.
(Please initial). _____

Some procedures may not be performed if your pet is here for the weekend. Please schedule an appointment after your return.

For your pet's safety and others, vaccinations must be current.

Current Veterinary Hospital/Doctor _____ Phone _____

Last DHP-PV/FVRPC: _____ Last FeLV: _____

Last Rabies: _____ Other: _____

Last Bordetella: _____ Heartworm Test _____

I authorize the veterinarians at Shiloh Veterinary Hospital to medically or surgically treat any emergency situation that occurs with my pet during his/her stay at the hospital/boarding facility.

(Signature) _____ Date: _____