

BOARDING FROM: _____ TO _____ COMP ID: _____

Myres Animal Hospital Boarding Policy

LAST NAME: _____ PET: _____

COLOR: _____ BREED: _____ SEX: M or F

ITEMS LEFT FOR BOARDING: YES or NO

DATE:							
APPEARANCE:							
WATER:							
BM DAY:							
BM NIGHT:							
URINE DAY:							
URINE NIGHT:							
WEIGHT:							
AM FOOD FED:							
PM FOOD FED:							
TREATS FED:							

Please List Food & Treats for your pet:

None left _____ *If none is left, Science Diet will be fed to your pet.

Number of feedings per day _____ Amount per feeding _____

Has your pet been fed today? yes _____ no _____

Medications, Instructions, or Comments: _____

Would you like for your pet to have a: (Circle your choice)

Bath & Nail Trim, Nail Trim, Groom

What'S the earliest time you would be arriving to pick up your pet? _____

*2:30 is the earliest pick up time if getting a bath unless pre-arranged

We realize that there is "no place like home" for your pet and that we cannot duplicate the environment to which they are accustomed to. However, it is our sincere purpose to provide a safe, comfortable, and loving environment for them while under our care. **Please read & initial the following policies of our hospital:**

____ Pets must have proof of current vaccinations given by a veterinarian before or upon admission to our hospital. If your pet doesn't have records to show they're current we will have to update the Health Exam w/ DHLPPC/FVRCP, CIV, URN, &/or Rabies.

____ If your pet is not scheduled for a bath, and has soiled itself, we will give a sanitary bath at the owners expense.

____ All pets admitted to the hospital will be given a Capstar pill for flea control. Pets found with parasites (fleas, ticks, worms, etc.) will be treated at the owners expense.

____ We pride ourselves in taking excellent care of your beloved pet. We cannot allow any type of bedding or belongings to be left upon admission. We have blankets, sheets, and towels we use for the comfort of your pet.

While boarding, some pets develop problems that require medical attention. We will make every effort to contact you at your emergency number(s). If medical treatment or lab work is needed, we need your permission to treat your pet. If we do not have your permission, we will be unable to perform medical treatment and you would be responsible for any adverse health effects due to illness.

Please let us know your emergency number(s) and desires for medical treatment by initialing in the appropriate area below.

Please initial your decision: I accept _____ or decline _____ medical treatment for my pet(s) in the event that I cannot be reached below.

Emergency Phone Numbers: _____

Owner or Responsible Party please sign below after reading the above information.

Signature _____ **Date** _____