

**MYRES ANIMAL HOSPITAL BOARDING FORM**

OWNER NAME: \_\_\_\_\_

PET NAME: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Dates of boarding: \_\_\_\_\_ to \_\_\_\_\_

**BOARDING CARE INFORMATION:**

**\*If bringing your own food, each meal should be portioned individually.** If not, there is a feeding charge that can be incurred.

- Feeding: OWN FOOD \_\_\_\_\_ FEED MAH FOOD \_\_\_\_\_  
 \*If none noted &/or the food you brought runs out, Science Diet, Purina EN, or an Intestinal Diet will be fed to your pet.
- Number of meals per day, please circle or note:  
 1x a.m. \_\_\_\_\_ 2x p.m. \_\_\_\_\_ 3x/day \_\_\_\_\_ Free Feed \_\_\_\_\_  
 Other (please note in the space provided) \_\_\_\_\_
- Amount per meal: \_\_\_\_\_
- Has your pet been fed today? YES \_\_\_\_\_ NO \_\_\_\_\_
- Does your pet have medications they need? YES \_\_\_\_\_ NO \_\_\_\_\_  
**\*Medications must be in original packaging with label.**

**Please list FOOD, TREATS, MEDICATIONS, &/or SPECIAL INSTRUCTIONS for your pet:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- **Would you like your pet to have any of the following before going home? (CIRCLE ONE)**  
 BATH w/ NAIL TRIM \_\_\_\_\_ NAIL GRIND \_\_\_\_\_  
 NAIL TRIM ONLY \_\_\_\_\_ GROOM \_\_\_\_\_ NONE \_\_\_\_\_
- **What would be your earliest pick up time?** \_\_\_\_\_  
 \*If getting a bath or groom, the earliest pick up time is 2:30pm.  
**\*If you need to pick up earlier than 2:30, the bath may need to be done the day prior to check out day.**
- **Microchipping** is a life long form of identification for your pet that we highly recommend. Would you like to have your pet microchipped during their stay?  
 YES \_\_\_\_\_ \*Please fill out microchip info. with our front desk.  
 NO \_\_\_\_\_ PET HAS ALREADY BEEN CHIPPED \_\_\_\_\_

**MAH PATIENT MONITORING & DOCUMENTATION:**

DATE:							
APPEAR:							
APPET:							
WATER:							
BM DAY NIGHT							
URINE DAY NIGHT							
WEIGHT:							
FOOD FED:							
TREATS FED:							
Play / Socialization							

\*Play / Socialization done on individual walks w/ staff for pets under 6 months old & pets staying an extended time.

**MYRES ANIMAL HOSPITAL BOARDING POLICY:**

OWNER NAME: \_\_\_\_\_

NAME OF PET(S) BOARDING THAT THIS SHEET APPLIES TO:

\_\_\_\_\_

We realize that there is “no place like home” for your pet. However, it is our sincere purpose to provide a safe, comfortable, clean, & loving environment for them while under our care.

**Please read & initial the following policies and permissions.**

\_\_\_\_\_ I understand that MAH cannot board pets that are aggressive to the MAH staff for safety purposes & due to insurance regulations. I understand my pet will have to be picked up if overly aggressive.

\_\_\_\_\_ Pets must have current veterinarian given vaccines before or upon admission to our hospital. If your pet is not current on the vaccines we require, we will have to update them while here.

Dog: DHLPP, URN, BCIV, & Rabies

Cat: FVRCP & Rabies

\_\_\_\_\_ All pets admitted will be given a Capstar pill for flea control. Pets with external parasites (ticks, etc.) or intestinal parasites (worms, etc.) during their stay will be treated at the owners expense.

\_\_\_\_\_ It is our desire to send all pets home as clean as possible. If your pet has soiled and gotten urine &/or feces on itself, in the best interest of your pet, we will give a sanitary bath at the owners expense.

\_\_\_\_\_ We do not allow bedding or belongings to be left up admission. We have blankets, towels, & cots (for run spaces) we use for the comfort of your pet. This is for the safety of your pet & space.

If your pet becomes anxious or stressed during their stay, do we have permission to administer anti-anxiety medications to your pet?

If yes, you will be notified if the need arises. If no, your pet could have to be picked up from boarding immediately depending on their stress level. This is a written NCVMB requirement for our boarders.

Please initial your answers: YES \_\_\_\_\_ NO \_\_\_\_\_

At our hospital, it is our desire that your pet has a pleasant stay while you’re away. While boarding, some pets develop problems that require medical attention. Labwork & treatment may be needed for

such problems. We will attempt to contact you at your emergency number(s) to obtain permission to perform these things. If we do not have your permission for this we are unable to perform medical treatment & you would be responsible for any adverse health effects due to illness.

Please initial your decision: I ACCEPT \_\_\_\_\_ I DECLINE \_\_\_\_\_ medical treatment for my pet(s) in the event that I cannot be reached at the contact information provided below.

**PHONE NUMBERS WE CAN REACH YOU OR OTHER OWNERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT NAMES & NUMBERS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name & signature of responsible person DROPPING OFF**

**this/these pet(s).** By signing below, you are agreeing to the information provided, to the boarding policies, & permissions given to Myres Animal Hospital on these boarding forms.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If someone other than the owner on account for this pet is DROPPING OFF**, please provide the person’s name, address, & phone number. **\*If the owner on the account is dropping off, ok to skip to the next section.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BOARDING PICK UP PLAN & AUTHORIZATION:**

NCVMB requires Myres Animal Hospital to have the name, address, & phone number for the person who will be picking up your pet.

Per NCVMB: Myres Animal Hospital is not authorized to release your pet to anyone other than the owner on account or the person who is listed on this page. If a circumstance arises that another person needs to be designated to pick up your pet, the owner of the pet or the origin authorized pick up person must call our office to notify us of the change needed and provide that person's name, address, & phone number.

Name & Address of person(s) who will be picking up your pet from boarding:


If someone other than the owner on the account of this pet is PICKING UP, please provide the person's name, address, & phone number. **\*If the owner on the account is dropping off, ok to skip to the next section.**


**TO BE COMPLETED AT CHECK OUT:**

Name & Signature of person checking this pet out of boarding:

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_