

Winter Animal Hospital
BOARDING FORM

Owner's Name: _____

Pet(s) Name(s): _____

EMERGENCY CONTACT NUMBER, AREA CODE FIRST (required): _____

Board from: _____ to: _____ Approx. Pick Up Time: _____

SPECIAL REQUESTS (If boarding more than one pet, specify which pet after each request that is checked.):

K-9 Cuisine Menu

- Puppy Food
- Regular Food (EN)
- Light Food
- Senior Food
- Prescription

Type: _____
 I am providing the Prescription food.
 I prefer that WAH provide the Rx food and add the cost to my final boarding bill.
Other: _____

Feline Frenzy Menu

- Kitten Food
- Regular Food (EN)
- Light Food
- Senior Food
- Prescription

Type: _____
 I am providing the Prescription food.
 I prefer that LRAH provide the Rx food and add the cost to my final boarding bill.
Other: _____

Grooming

- Bubble Bath (day of pick up)
- Express Anal Glands
- Trim Nails

LIST OF MEDICATIONS

<u>Pet's Name</u>	<u>Name of Medication</u>	<u>Date Last Given</u>	<u>Time Last Given am/pm</u>	<u>Auto Refill if Depleted</u>
_____	_____	_____	_____	Y / N

TREATMENTS WHILE BOARDING

BELONGINGS (WAH cannot be responsible for lost or damaged articles.)

SPECIAL INSTRUCTIONS (Specify pet's name with instructions if boarding more than one pet.)

Boarding your pet(s) can sometimes be a stressful situation, especially their first time. As a result, your pet(s) may develop a gastrointestinal upset which can cause diarrhea and/or vomiting. If this or any other condition arises, WAH has my permission to treat my pet(s) as deemed necessary by the doctors. WAH WILL MAKE EVERY EFFORT TO CONTACT YOU FIRST. All vaccinations required by WAH must be current. I understand that if a current vaccination history cannot be obtain, that all overdue vaccinations will be administered at the owner's expense. I further understand that WAH does not bill.

Owner's Signature: _____ Date: _____

MEDICATION FORM

Pet's Name:

Name of Medication and Prevention

1.

2.

3.

4.

Date Last Given

1.

2.

3.

4.

Time Last Give am/pm

1.

2.

3.

4.