

Boarding Intake Form

Pet Name: _____ **Client Name:** _____ **Client #:** _____

Phone Number: _____ **Alternate Phone Number:** _____

Pick up Date & Time: _____ **E-mail:** _____

ADDITIONAL SERVICES AVAILABLE <i>(Additional Charge Applies for Each)</i>		
Bath *	YES []	NO []
Nail Trim	YES []	NO []
Anal Glad Expression	YES []	NO []
Permission for sedation if required?	YES []	NO []

*If picking up Monday morning, bath will be given on Friday unless otherwise specified

FEEDING INSTRUCTIONS		
Own Food? **	YES []	NO []
If Own Food, Type?	_____	
How often? (Select all that apply)	AM []	PM []
How much?	_____	
Any Allergies?	_____	

**If you do not provide your own food or run out, we feed Purina Pro Plan Savor Chicken & Rice.

MEDICATIONS (Daily Administration Fee Applies)			
Name	Dose	Frequency	When last given? / Special instructions?

REQUIRED VACCINATIONS - Will be given if your pet is due (Additional Charge Applies for Each):

Canine: DHLPP (requires Exam), Rabies, Bordetella, Fecal Exam **Feline:** FVRCP (requires Exam), Rabies

Optional Services Recommended Annually – Circle Each Approved (Additional Charge Applies for Each):

Canine: Wellness Exam, Wellness Bloodwork, Heartworm Test, Heartworm/Flea/Tick Prevention

Feline: Wellness Exam, Wellness Bloodwork, FeLV (rec. for outdoor cats), Heartworm/Flea/Tick Prevention

Any concerns/issues? _____

- **ABANDONMENT:** If boarding past specified pick up date and no contact with client can be made after 5 days, a certified letter of abandonment will be sent. All claims to the animal will be relinquished; however, the client will retain all financial responsibility incurred for boarding and treatment received.
- If your pet is found to be infected with parasites, **your pet will be treated at your expense.**
- In the event that your pet should become ill or injured, we will take all necessary emergency actions. We will make every effort to contact you in the case of emergency.
- I agree to pay for all services requested above and any emergency care my pet might need while under the care of Douglasville Veterinary Hospital.

Owner signature: _____ **Date:** _____