



BOARDING FORM

Pet Name _____ age _____ color _____ M / F

Date in _____ Date out _____

Owner Name _____

Emergency number (required) _____

Person/number to contact if you cannot be reached _____

Is there an authorized person to pick up your pet? _____

Pet information:

Did you bring your pet's food? Yes No

Type _____ dry _____ canned _____

Feeding schedule _____ cups/day _____ cans/day

Does your pet have food allergies? If so, did you bring special treats? _____

Does your pet have food aggression issues? _____

Does your pet have aggression with other animals? _____

Does your pet have behavior or aggression issues? Please explain. _____

Medications: YES or NO When is next dose due? _____

_____ dose _____ times per day _____

_____ dose _____ times per day _____

_____ dose _____ times per day _____

*I understand that some pets experience extreme stress while boarding, which may cause behavioral issues, and even aggression. I understand that West Side Animal Clinic and its representatives reserves the right to refuse future boarding arrangements if my pet is found to be aggressive towards its caretakers during this boarding period.

*I accept responsibility for all fees incurred during the boarding of my pet(s). I understand that my pet will be treated for fleas/ticks if needed. I am aware that no personnel are on premise for 24 hour care. I hereby release West Side Animal Clinic and its representatives from any and all liability for any injuries or illness incurred while my pet is boarded.

* I have filled out a medical release form for my pet, which will be kept in my pet's file, and can be amended by me should the need arise.

Pet Owner Signature _____ date _____