



FINE ANIMAL HOSPITAL BOARDING ADMISSION FORM

Pet's Name: _____ **Owner:** _____

Emergency Contact Information: _____

Dropped Off By: _____ **Pick Up By:** _____

Drop Off Date: _____ **Pick Up Date:** _____ **Time:** _____

DIET SUPPLIED? YES ___ / NO ___ **DIET:** WET ___ DRY ___ Special _____

FEEDING AMOUNTS: _____ **FEED:** 1xday ___ 2xday ___ 3xday ___

BATH: YES ___ / NO ___ *****Note:** DOGS boarding over 7 nights are entitled to a free bath. Less than 7 nights are entitled to a 1/2 price bath

IS YOUR PET ON MEDICATION?

Medication Name: _____ Directions: _____ Last Given?: _____ Refill(s)?: _____

REQUIREMENTS TO BE PERFORMED (INITIAL ALL THAT APPLY)

DOGS	INITIAL		INITIAL		CATS	INITIAL		INITIAL
Annual Exam		Stool Analysis			Annual Exam		Rabies	
Rabies		DHLP/Parvo			Stool Analysis		Distemper	
Bordetella		Influenza					Leukemia	

Additional Services you would like performed / Comments: _____

Important: 1) We cannot guarantee the safe return of your pet's belongings; therefore, we request that you DO NOT leave articles of sentimental or monetary value. 2) All animals boarding with us MUST have proof of vaccinations. If vaccinations are needed, we will vaccinate them at owner's expense. 3) All animals entering the hospital MUST be free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at owner's expense. 4) I authorize Fine Animal Hospital to use my animal(s) image for their social media outlets. 5) I authorize the Fine Animal Hospital to do whatever treatments are necessary in case of illness or emergency; I acknowledge and agree to pay all costs arising out of my pet's medical care and treatment and guarantee payment for services provided in the event of an illness or emergency. Payment is expected at the time of services rendered.

Date: _____

Signature: _____

OFFICE USE ONLY:

Thank you for trusting us with your pet's care!