

**Animal Hospital of West Monroe**  
650 Commercial Parkway  
West Monroe, La 71292  
318-322-8233

**Boarding Form**

Because we care about the health of our guests, we require all boarders to have proof of a current bordetella (kennel cough) vaccine and recommend all vaccinations. To ensure a comfortable stay, any guest with fleas or ticks will be treated *at the owner's expense*.

Client: \_\_\_\_\_ Pet(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized person for pick up: \_\_\_\_\_ Phone: \_\_\_\_\_

**Feeding Instructions**

Does your pet have food allergies?      Yes              No

*Please circle one:*              Our food                      Own food

Amount: AM \_\_\_\_\_                      Noon \_\_\_\_\_                      PM \_\_\_\_\_

Treats: \_\_\_\_\_

**Medications**

Pet: \_\_\_\_\_ Medicine: \_\_\_\_\_

Amount: \_\_\_\_\_              AM                      Noon                      PM

Pet: \_\_\_\_\_ Medicine: \_\_\_\_\_

Amount: \_\_\_\_\_              AM                      Noon                      PM

Pet: \_\_\_\_\_ Medicine: \_\_\_\_\_

Amount: \_\_\_\_\_              AM                      Noon                      PM

Would you like any additional services performed? Please circle:

Vaccines      Heartworm Test      Bath              Anal Glands              Nail Trim

Other: \_\_\_\_\_

In the event of an emergency, we will make every effort to contact you.

I hereby give permission for the Animal Hospital to administer **EMERGENCY TREATMENT** for my pet while in their care. I further agree to take responsibility for treatment and procedures received by my pet while boarding in the facility and understand that full payment is due upon discharge.

Animal Hospital cannot be responsible for the damage of any personal items while boarding. We are not equipped to wash large beds should they become soiled.

Date: \_\_\_\_\_              Signature: \_\_\_\_\_                      Checked in By: \_\_\_\_\_