

# Briarwood Animal Hospital

## Boarding Record

**Date In:** \_\_\_\_\_ **Out:** \_\_\_\_\_ **PU Time:** \_\_\_\_\_  
**Client:** \_\_\_\_\_ **Pet:** \_\_\_\_\_ **Dog/Cat** **Age:** \_\_\_\_\_  
**Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Color:** \_\_\_\_\_  
**Weight:** \_\_\_\_\_ **Fleas:** Y N **Ticks:** Y N **VACC Current:** Y N

### Client Section

**Items you are bringing for your pet:** \_\_\_\_\_  
**Diet & Feeding Instructions:** \_\_\_\_\_  
**Medication Instructions:** \_\_\_\_\_

**Does your pet need to see the Doctor?** Y N **Need to be Groomed?** Y N

**Emergency Contact Numbers:** \_\_\_\_\_  
 \*In the event of illness or emergency, we will attempt to contact you at the provided numbers.  
 If we are unable to contact you, we will act in the interest of your pet. Needed treatments will  
 be charged to your account.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of medication dose	MEDICATION			MEDICATION			MEDICATION			MEDICATION		
	AM	NOON	PM	AM	NOON	PM	AM	NOON	PM	AM	NOON	PM

DATE	DAY	AM	TIME	NOON	TIME	PM	TIME

BRDC1  
BRDC2

BRDC3  
BRDC4

BRDCL  
BRDXL

BRDC-F

NOTES: