

## Boarding Admission Form

*Please note: We are not responsible for leashes left while boarding.*

Date of Drop Off: \_\_\_\_\_ Pick up Date: \_\_\_\_\_ Time(apprx) \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Name of Pet(s): \_\_\_\_\_

Food & Meds Left With Pet, (and last time meds were given): \_\_\_\_\_

**Can Your Dogs Board Together:** \_\_\_\_\_

*Please Check the Following:*

Do you want your pet bathed? (THERE WILL BE A CHARGE FOR THE BATH)

Yes **Reminder:** pick up will need to be after 2:00 p.m.

No

Feeding Instructions (Please Specify): \_\_\_\_\_

Medication Instruction (Please Specify when meds were given last): \_\_\_\_\_

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Can your dog be leashed walked?                      **Yes**                      **No**

### Special Instructions

*Please perform the following procedures on my pet during boarding:*

Physical Examination

Regularly Scheduled Vaccinations

Heartworm Test

Fecal Examination

Toe Nail Trim

Other ( Please specify) \_\_\_\_\_

**\*\*\*\*In the event my pet becomes ill while here or as a result from boarding, I release Countryside Veterinary Clinic of any liability/cost occurred due to illness.**

I authorize treatment of my pet if he or she is to become ill or injured during their stay.

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_