

BOARDING ADMISSION FORM

CHECK IN DATE: _____

PICK UP DATE: _____

Owner's Name: _____

Owner's Contact Number: _____

Emergency Contact(s) Name: _____ Number: _____

Pet(s) Name(s):

1) _____

2) _____

3) _____

4) _____

Diet: _____

Medications: Please list all medications and directions (use back page if necessary)

1) _____

2) _____

3) _____

4) _____

Special Instructions:

Vaccinations (required): UP TO DATE ON VACCINES () NEEDS EXAMS/VACCINES/TESTS

ANNUAL EXAM BY DR _____

Official Use Only

() Rabies: _____

Date Given

Initials

() Da2p/Parvo _____

Date Given

Initials

() FVRCP _____

Date Given

Initials

() Bordetella _____

Date Given

Initials

() BOA Exam Scheduled for: _____ Done by _____

Additional Services Requested by Owner:

Personal Items Brought by Owner:

I hereby authorize the Marathon Veterinary Hospital Inc to render any medical and/or surgical care deemed necessary should my pet(s) become ill while boarding. Along with tranquilization should my pet(s) not adapt well to boarding. As the owner I am responsible for any damage caused by my pet(s) while boarding. I understand that in the event of evacuation due to a hurricane or natural disaster, I am responsible for the arrangement of my pet(s) to be picked up. The Marathon Veterinary Hospital Inc does not offer boarding services if an evacuation is ordered for our area.

Owner's Signature _____

Date _____