

Pet/Owner's Name: _____ Dates: _____ Weight on Arrival: _____

Feeding Instructions: _____

Medications: _____

Items Brought With Pet: _____

Alerts: _____

Date	MORNING	NOON	EVENING
Wt. _____	Intake: Output: urine <input type="checkbox"/> BM <input type="checkbox"/> Meds given: _____ <input type="checkbox"/> _____ _____ Notes:	Intake: Output: urine <input type="checkbox"/> BM <input type="checkbox"/> Meds given: _____ <input type="checkbox"/> _____ _____ Notes:	Intake: Output: urine <input type="checkbox"/> BM <input type="checkbox"/> Meds given: _____ <input type="checkbox"/> _____ _____ Notes:
Wt. _____	Intake: Output: urine <input type="checkbox"/> BM <input type="checkbox"/> Meds given: _____ <input type="checkbox"/> _____ _____ Notes:	Intake: Output: urine <input type="checkbox"/> BM <input type="checkbox"/> Meds given: _____ <input type="checkbox"/> _____ _____ Notes:	Intake: Output: urine <input type="checkbox"/> BM <input type="checkbox"/> Meds given: _____ <input type="checkbox"/> _____ _____ Notes:
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Boarding Consent Form

Pet's Name: _____ Breed: _____ Sex: M F Age: _____

Owner's Name: _____ Drop off & Pick Up Dates: _____

Vaccination Due Dates: RABIES: _____ DHPP/FVRCP: _____ BORD: _____

If vaccines are due - update vaccine while boarding? Y N

Health History:

Pet on heartworm preventative? _____ Y N

Has pet been checked for intestinal parasites in past 12 months? _____ Y N

Any v/d, coughing, sneezing, illnesses, or injuries recently? _____ Y N

Is pet allergic to any drugs? (Please specify) _____ Y N

Do you want your pet groomed/bathed while boarding? _____ Y N

(ADDITIONAL CHARGE)

EMERGENCY CONTACT INFORMATION

Phone number where you can be reached: _____

Name of responsible party if other than owner: _____

Phone numbers: _____

In case of illness or injury, I, the undersigned, do hereby give my consent for the doctors of the ELLISVILLE VETERINARY HOSPITAL to treat, prescribe, or operate upon my pet(s) while they are being boarded. ALL PETS WILL BE CHECKED UPON ADMISSION FOR FLEAS/TICKS AND TREATED IF NECESSARY AT THE OWNER'S EXPENSE. We will use all reasonable precautions against illness, injury, or escape of your pet(s), but we will not be held responsible in any matter whatsoever, or any circumstances, on the account of the care, treatment, or safekeeping of your pet(s), as it is thoroughly understood that you (owner) assume all risks. Should the circumstance arise that your pet(s) remain unclaimed after the stated pick-up date, I understand that after seven days, without notice, the pet(s) will be considered abandoned and may be disposed of, or destroyed, as we deem best. It is further understood that such action will not relieve the owner from paying all costs incurred at the hospital.

Signature: _____ Date: _____

Date of pick-up: _____

Pick up time is after 9:00 am on the day of release _____ (Initials)