

Sheets Pet Clinic Boarding Form

Intake Date: _____ Pick Up Date: _____

Pet's Name: _____ Breed: _____

Color _____ Age _____ Sex _____ S / N Weight _____

Food Brought By Owner: _____

Feeding Schedule & Amount: _____

Medications:

1) _____
2) _____
3) _____

Allergies:

1) _____
2) _____
3) _____

Fears:

1) _____
2) _____
3) _____

Please be aware that the cost of giving your pet their medications is an additional charge of \$2.50 per medication administration. _____ (Initial)

Personal Items Brought

DATE

MEDS/CARE

AM

PM

OTHER

Owners Name: _____ Number: _____

___ Yes or ___ No While my pet is boarding you may contact me. If no, you may contact:

Emergency Name: _____ Number: _____

Please be aware stress diarrhea is very common and may affect your pet while here boarding. Should diarrhea occur we will treat you pet at the cost of medication only. _____ (Initial)

***Should your pet have a medical emergency and you cannot be reached, what is your preference of after hour facilities _____ and your financial cap \$ _____.

___ Yes or ___ No I would like my pet to be bathed before going home. \$ _____

Signature _____ Date _____

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