

Salado Veterinary Hospital- Boarding Form & Policies

F.O.I. _____

Pet Name: _____ Owner: _____

Phone: _____ Emergency Phone: _____

Breed: _____ Male/Female Age: _____ Kennel Size: S M L XL

Date: Rabies Vac: _____ DHLPP/FVRCPC: _____ Bordetella: _____

Drop-Off Date: _____ AM/PM Pick-Up Date: _____ AM/PM

MEDICATIONS: Please list all medications that your pet is CURRENTLY taking. *There is a \$2.00/day medication administration fee per pet for the duration of their stay.* INITIAL _____

Medication	How many times a day?	What time(s)?	Dosage
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ADDITIONAL SERVICES- Please check the following services to would like for us to perform.

Fecal	Bath (Medicated Extra)	Express Anal Glands	Toenail Trim	Ear Cleaning \$18.50-\$28.50
<input type="checkbox"/> \$22.50	<input type="checkbox"/> \$22-\$48	<input type="checkbox"/> \$15-\$20	<input type="checkbox"/> \$10-\$15	<input type="checkbox"/>

FEEDING INFORMATION

TYPE OF FOOD	AMOUNT	HOW OFTEN
From Home/ Kennel-Purina EN		

YOUR PETS' WELL-BEING IS OUR UTMOST CONCERN. ALL BOARDERS WILL BE CHECKED FOR FLEAS, TICKS AND INTESTINAL PARASITES. IF PRESENT, THE PET WILL BE TREATED WITH THE APPROPRIATE MEDICATION. IF YOUR PET BECOMES ILL OR HAS A MEDICAL ISSUE WHILE BOARDING, AN EXAMINATION FEE & MEDICINE WILL BE ADDED TO YOUR BILL. WE WILL NOTIFY YOU BEFORE PERFORMING ANY TREATMENTS. INITIAL _____

WILL YOUR PET HAVE ANY PERSONAL ITEMS WHILE BOARDING WITH US? Yes/No

***We no longer accept any form of padded bedding or leashes (blankets, towels, clothing items okay). If yes, please list them: _____

Special Instructions for our Kennel Staff: _____

TOTAL NUMBER OF PETS THIS OWNER IS BOARDING AT THIS TIME: _____

I HAVE READ ALL OF THE ABOVE AND AM IN FULL AGREEMENT.

OWNER SIGNATURE: _____ DATE: _____

ALERTS FOR STAFF ONLY:

K.S.I. _____