

Boarding

Date: _____

Pet's Name: _____

Owner's Name: _____

Name of Person bringing pet in (if different from above): _____

Anticipated Pick-Up Date: _____

BOARDING/PETS ADMITTED TO OUR FACILITY:

ALL DOGS BOARDING ARE REQUIRED TO BE CURRENT ON RABIES, DISTEMPER/PARVO, AND BORDETELLA (KENNEL COUGH). ALL CATS MUST HAVE FVRCP (FELINE DISTEMPER & RABIES). WITHOUT PROOF OF THESE VACCINES BEING CURRENT, WE WILL ADMINISTER AT YOUR EXPENSE.

Feeding Instructions:

Special Instructions:

Please check vaccines/tests you would like for your pet to have:

Canine:

- Rabies Distemper/Parvo/Corona Bordetella Heartworm Exam
- Fecal Parasite Treatment

Feline:

- FVRCP Feline Leukemia

Do you wish for your pet to have a bath during their stay? YES NO

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet should they deem it medically necessary while my pet is boarding. I assume responsibility for all charges for such services. Willow Bend Animal Clinic reserves the RIGHT TO BATHE PETS AND TREAT FOR FLEAS/TICKS/PARASITES AT OWNER'S EXPENSE if deemed necessary. For dogs staying over five nights a complimentary bath is provided.

Signature

Date

Emergency Contact Number(s): _____

I plan to pay with: Cash Check Credit Card at the time of pick up.

If paying by any means other than cash please provide DL & SSN:

Driver's License Number: _____ SSN: _____