

BOARDING REGISTRATION FORM

*General Information

Client's Name: _____ Account #: _____ Admitted by: _____

Pet's Name: _____ Weight: _____ Room Reservation: _____

Entry Date: _____ Time: _____ Expected Date of Return: _____ AM or PM

For your pet's safety and others, your pet's vaccinations must be current. If your pet is found to be not current, we will administer appropriate vaccines.

Regular Veterinarian/Hospital: _____ Vaccination Status Checked: _____

*Emergency Information

Emergency Contact: _____ Emergency Phone Number: _____ and/or _____

Additional Information: _____

*Pet's Care Instructions/Information

Feeding:

Type of Food: _____

Food Source: _____

Kennel Food Requested: _____

Feeding Amount: _____

Feeding Schedule: _____

Bedding/Belongings:

We are not responsible for items that are left while boarding

Personal Items Left: _____

Descriptions of Items Left: _____

*Additional Services Desired

Overdue Reminders: **Please Initial if Desired**

Medications:

Medication(s) while Boarding: _____

Medication(s) Instructions: _____

Other Information:

Allergies: _____

Bath Type Requested: _____

Special Needs?: _____

Play Time?: _____

Does your pet jump fences? _____

Additional Information: _____

Please ask staff member for any inquires on prices.

****I AUTHORIZE THE VETERINARIANS AT THE MOORE LANE VETERINARY HOSPITAL TO MEDICALLY OR SURGICALLY TREAT ANY EMERGENCY SITUATION THAT OCCURS WITH MY PET DURING HIS/HER STAY AT THE HOSPITAL.**

Signature: _____ Date: _____