



# BOARDING ADMISSION FORM

**Owner to fill out highlighted areas only**



**Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact phone number** \_\_\_\_\_

**Second number in case of emergency:** \_\_\_\_\_

**Date to be picked up:** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM**

**Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Color:** \_\_\_\_\_

Current on Vaccinations: **Yes**  **No**  Vaccinations needed: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Color:** \_\_\_\_\_

Current on Vaccinations: **Yes**  **No**  Vaccinations needed: \_\_\_\_\_

**Pet's Name:** \_\_\_\_\_ **Breed:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Color:** \_\_\_\_\_

Current on Vaccinations: **Yes**  **No**  Vaccinations needed: \_\_\_\_\_

## Instructions

### Medication to be given while boarding:

Medication name	Amount to be given	Time for Administration
1. _____	_____ at _____ AM _____ PM _____ PM	
2. _____	_____ at _____ AM _____ PM _____ PM	
3. _____	_____ at _____ AM _____ PM _____ PM	

**While in hospital check:** \_\_\_\_\_  
\_\_\_\_\_

3. **Items brought in with pet:** \_\_\_\_\_  
BPRVC is not responsible for blankets, beds or toys torn up during stay.

4. **Boarding Fee Per Day:** Cage - \$31.50 w/tax / Run - \$42.50 w/tax **Medication Fee Per Day:** \$9.00 **Injection Fee Per Day:** \$23.00

4. **If a dog boards less than 7 days the bath is half the normal cost and over 7 days, complimentary.**  
**Bath**  **Yes**  **No**

If tranquilizer is necessary for treatment or handling, I give my permission to the Buckingham – Plano Road Veterinary Clinic to administer such medications.

All animals entering the hospital must be up to date on vaccinations and free of external parasites (fleas, ticks, etc.) or they will be treated upon entry at owner's expense.

I also authorize the Buckingham – Plano Road Veterinary Clinic to do whatever is necessary should an emergency situation arise. Payment is required when animal (s) are released.

Pets are released only during regular doctor's hours. If I neglect to pick up pet within 5 days of the pickup date above, you may assume that the pet is abandoned and you are hereby authorized to dispose of the pet, as the doctor may deem best and necessary.

**Signed** \_\_\_\_\_

**Chart Prep:** \_\_\_\_\_

**Check-in:** \_\_\_\_\_

**Employee:** \_\_\_\_\_