



BOARDING FORM

OWNER'S NAME _____ PET'S NAME _____
 DATE IN _____ DATE OUT _____
 ADDRESS _____ CITY/STATE _____
 HOME PHONE _____ CELL _____ WORK _____
 EMERGENCY CONTACT INFORMATION (PLEASE LIST TWO IF POSSIBLE)
 NAME _____ HOME _____ CELL _____
 NAME _____ HOME _____ CELL _____

For sanitary reasons we can no longer accept personal items including leashes, collars, toys and/or bedding

PLEASE INCLUDE ANY AND ALL INFORMATION ABOUT YOUR PET OF WHICH WE SHOULD BE AWARE

MEDICATIONS AND INSTRUCTIONS	
MEDICAL CONDITIONS	
BEHAVIORAL PROBLEMS	
SPECIAL DIET AND INSTRUCTIONS	

For boarding pets we require that all vaccinations, annual health exams, fecal and heartworm test be current and verified

DESIRED TREATMENT WHILE BOARDING (ADDITIONAL FEES APPLY)

VACCINATIONS (DOG)	___ DHPP	___ RV	___ BORD	___ LEPTO ___ LYME
VACCINATIONS (CAT)	___ FVRCP	___ RV	___ FELV	
___ BATH ON DAY OF RELEASE	___ NAIL TRIM	___ GERIATRIC EXAM	___ PHYSICAL EXAM	___ ANNUAL HEALTH SCREEN
___ URINALYSIS	___ BLOOD PRESSURE CHECK	___ MICROCHIP	___ EARS PLUCKED OR CLEANED	___ ANAL GLANDS EXPRESS
___ FECAL	___ HEARTWORM TEST	___ FELV/FIV TEST	___ TEETH CLEANING	___ SPAY OR NEUTER

MEDICAL ILLNESS POLICY

One of the advantages of boarding your pet at a veterinary clinic is that veterinary attention is readily available should the need arise. Your pet's well-being is our utmost concern. We will do everything possible to ensure that your pet is well cared for, properly fed and watered, and kept in a clean and comfortable environment. Should your pet become ill while boarding, your pet will be given treatment as determined by the doctor(s) at Smith Animal Clinic, Inc. at the owners expense. We will attempt to call the emergency numbers listed above regarding you pet's condition. All pet's exhibiting external parasites or offensive odor will be bathed or treated upon admission at the pet owner's expense. An initial health exam is required for all new pets. If no one can be reached, I authorize Smith Animal Clinic, Inc. to perform whatever treatment the doctor(s) deem necessary until I can be contacted.

OWNER/AGENT SIGNATURE _____ DATE _____