



All Pets Clinic

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Boarding Form

Please Fill out Form as neatly as possible

Owner's Name: _____

Main Phone Number: (_____) _____ **Alt. Phone:**(_____) _____

Emergency Contact: _____ (_____) _____

Pet's Name: _____

Species: Canine: Feline: Avian: Rabbit: Ferret: Reptile: Pocket Pet: Primate:

Other: _____

Breed: _____ **Color:** _____ **Birthdate:** ____ / ____ / ____ (Approximate)

Male: or **Female:** **Spayed/Neutered:**

IN CASE OF AN EMERGENCY OR INJURY:

I want All Pets Clinic to provide treatment, knowing I (owner) will incur additional cost.

I want to be notified before services are rendered.

****Release Form****

Please Read and Sign

I am the owner or guardian for the above described animal and have the authority to all reasonable costs incurred regarding the above pet.

I understand all pets admitted to the clinic/boarding must be free of all signs against communicable & contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense.

You should be aware of the accommodations we provide for your pet as well as any potential risks for injury that could occur. We make every effort to keep pets safe from harm and are housed separately from each other, in temperature controlled environment in a latched hospital cage, unless otherwise specified by owner to be housed in the same cage. Your pet will not be wearing any collars, leashes, harnesses or other apparel unless our staff feels is necessary for your pet's safety. Clean bedding will be provided as well as food and water if their medical situation allows it.

I understand that *All Pets Clinic* is not responsible for loss or damage to personal items left with pet including but not limited to leashes, collars, toys, bedding, and carriers.

For health reasons if your pet is found to have fleas while coming in for grooming, boarding, or any procedure that requires them to stay in the hospital they will be administered a Capstar© (fast acting flea pill) at a \$10.00 + tax charge to the owner.

Signature of Owner/Guardian: _____ **Date:** _____

Boarding Form

Pets Name: _____ Owner's Name: _____

Emergency Contact Number(_____) _____ Alternative _____

Species: Canine: Feline: Avian: Rabbit: Ferret: Reptile: Pocket Pet: Primate:

Other: _____ Breed: _____ Color: _____

Male: or Female: Spayed/Neutered: Birthdate: ____/____/____ (Approximate)

If you have multiple pets of the same species staying with us do you wish to have them Housed?

Together _____

OR

Separate _____

Dietary Feeding Schedule

I Brought my own food: Name of Diet: _____

Feed *All Pets Clinic* Diet: (Dogs & Cats we offer Hill's Science Diet Adult Dry Diet)

**Please note for any other species other than dogs and cats you must bring your own food. **

How would you like your pet to be fed?

Free Choice

Once Daily AM or PM

Twice Daily AM & PM

Three Times Daily AM, Midday, PM

What is the amount you wish to be fed? _____

Medications

Will your pet need any medications while boarding with us? Yes No

Medication Name	Frequency and Dosage Given	Last Time Given

Extra Services (Extra Cost Applies)

Deluxe Bath (Bath, Nail Trim, Ear Cleaning, Anal Gland Expression) Full Grooming

Lite Grooming Nail trim Soft Paws (Dremel) Flea Prevention

Special Instructions: _____

Belongings leaving here: _____

Date you be picking up? _____ Estimated Time: _____

Owner/Guardian Initial _____