

BOARDING ADMISSION FORM

Check in date _____ Pick up date _____

Owner's name _____

Owner's contact number _____

ER Contact - Name _____ Number _____

Pet(s) Name

1) _____ 2) _____

3) _____ 4) _____

Diet: _____

Medications: Please list all medications and directions:

1.) _____

2.) _____

3.) _____

Special Needs:

Vaccinations required:

Up to date on all vaccines

Annual Exam - by Dr _____

| | Date Given | Office use only |
|---|------------|-----------------|
| <input type="checkbox"/> Rabies: | _____ | Initials _____ |
| <input type="checkbox"/> DA2P/Parvo: | _____ | Initials _____ |
| <input type="checkbox"/> FVRCP : | _____ | Initials _____ |
| <input type="checkbox"/> Bordetella: | _____ | Initials _____ |
| <input type="checkbox"/> BOA exam scheduled for | _____ | Done/by _____ |

Additional services requested by owner:

Personal items brought with pet:

.....
I HEREBY AUTHORIZE THE MARATHON VETERINARY HOSPITAL INC. TO RENDER ANY MEDICAL AND SURGICAL CARE DEEMED NECESSARY SHOULD MY PET(S) BECOME ILL WHILE BOARDING, ALONG WITH TRANQUILIZATION SHOULD MY PET(S) NOT ADAPT WELL TO BOARDING. AS THE OWNER I AM RESPONSIBLE FOR FOR ANY DAMAGED CAUSED BY MY PET(S) WHILE BOARDING. I UNDERSTAND IN THE EVENT OF EVACUATION DUE TO A HURRICANE OR NATURAL DISASTER, I AM RESPONSIBLE FOR THE ARRANGEMENT OF MY PET(S) TO BE PICKED UP. THE MARATHON VETERINARY HOSPITAL INC. DOES NOT OFFER BOARDING SERVICES IF AN EVACUATION IS ORDERED FOR OUR AREA.

Signature _____ Date _____