

COATS VETERINARY HOSPITAL

DOG BOARDING INFORMATION SHEET

CLIENT'S NAME: _____ PET'S NAME: _____
 BOARDING DATES: FROM: _____ TO: _____ BREED: _____

Please leave a number where you can be reached in case of emergency: _____
 Emergency contact name and phone number: _____

If your pet is currently on any medication that you wish us to administer, please list those below:

Medication	Amount	AM/PM	When was last Given:

Did you bring your pet's own food? _____ Please list type and amount to feed _____
 Feeding instructions: Free feed _____ Feed a.m. only _____ Feed p.m. only _____ Feed a.m.& p.m. _____

Are there any additional services you would like us to perform during your pet's stay?

<input type="checkbox"/> Heartworm test	<input type="checkbox"/> CIRDC Vaccine	<input type="checkbox"/> DDC
<input type="checkbox"/> Rabies Vaccine	<input type="checkbox"/> Microchip	
<input type="checkbox"/> DAPPV (K-9 distemper/parvo vaccine)	<input type="checkbox"/> Intestinal parasite screen	
<input type="checkbox"/> Bath/ flea dip/ nail trim (circle all that apply)	<input type="checkbox"/> CIV Vaccine	
<input type="checkbox"/> GROOMING with Kathy	<input type="checkbox"/> Other: _____	

It is the policy of this hospital that:

1. Boarding animals must be current on vaccinations and free from internal and external parasites or they will be treated at your expense.

We strongly recommend that your pet receive monthly flea prevention. We can prescribe this while they are staying with us. Please indicate below if you would like us to give one of our products:

Nexgard (oral flea/tick) \$25.75-\$27.75 Vectra (topical flea/tick) \$22.75- \$26
 Bravecto (3 month oral flea/tick) \$66.50 Decline

2. If your pet becomes ill during his/her stay and you or your emergency contact cannot be reached, we will treat as necessary and your bill will be adjusted accordingly.

3. We will do our best to return any personal items to you safely. We cannot be held responsible for damaged, misplaced or lost items.

4. Please list all belongings you are leaving with your pet: _____

5. By signing below, you are releasing Coats Veterinary Hospital from any liability regarding destruction of or any injury that may come from any products, items, toys, food, bedding, etc... that you request be left with your animal while boarding.

Is anyone else authorized to pick your pet(s) up on your behalf? If so, please write their name below:

We love making pets Facebook famous! Please give us your permission to share your pet's image and story on social media, our website, and other marketing materials with your signature below. Your personal information will never be shared.

Signature _____ Date _____