

# COATS VETERINARY HOSPITAL

## DOG BOARDING INFORMATION SHEET

CLIENT: \_\_\_\_\_ PET: \_\_\_\_\_

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<br><input type="checkbox"/> Rabies Vaccine<br><input type="checkbox"/> DAPPV (K-9 distemper/parvo vaccine)<br><input type="checkbox"/> Bath/ Flea Dip/ Nail Trim (circle all that apply)<br><input type="checkbox"/> GROOMING with Kathy | <input type="checkbox"/> CIRDC Vaccine<br><input type="checkbox"/> Microchip<br><input type="checkbox"/> Intestinal Parasite Screen<br><input type="checkbox"/> Bivalent Flu Vaccine<br><input type="checkbox"/> Other: _____ |
|--|---|

**It is the policy of this hospital that:**

1. Boarding animals must be current on DAPPV, Rabies and CIRDC 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:

Simparica (6 month oral flea/tick) \$79-\$92     
  Bravecto (3 month oral flea/tick) \$66.50     
  Decline  
 Nexgard (oral flea/tick) \$25.75-\$27.75     
  Vectra (topical flea/tick) \$22.75-\$26

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 \_\_\_\_\_