

# COATS VETERINARY HOSPITAL BOARDING INFORMATION SHEET

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

BOARDING DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ BREED: \_\_\_\_\_

Please leave a number where we can reach you in case of emergency: \_\_\_\_\_  
Emergency contact name and phone number: \_\_\_\_\_

Did you bring your pet's own food? \_\_\_\_\_ Dry Amount: \_\_\_\_\_ Can Amount: \_\_\_\_\_  
Feeding instructions: Free feed \_\_\_\_\_ Feed a.m. only \_\_\_\_\_ Feed p.m. only \_\_\_\_\_ Feed a.m. & p.m. \_\_\_\_\_

<p><b>Canine Boarding:</b></p> <p>_____ A Night on the Town: \$20</p> <p><b>Bathing :</b></p> <p>_____ Rub A Dub : \$20 (bath and towel dry)</p> <p>_____ Nail Trim Only</p> <p>Other: _____</p>	<p><b>Feline Boarding:</b></p> <p>_____ Kitty Condo: (Double): \$ 20</p> <p>_____ Pampered Pooch: \$30 (bath, nail trim, ear cleaning &amp; air dry)</p>
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**It is Coats Veterinary Hospitals policy of this hospital that:**

1. Boarding animals **MUST** be current on DAPPV, FVRCP, Rabies and CIRDC vaccinations and free from internal and external parasites or they must be updated. WE strongly recommend that you receive monthly flea prevention, and we can prescribe this while they are staying with us! If we notice any parasites (fleas/ticks) we will treat at your expense.
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:  
\_\_\_\_\_

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:

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 \_\_\_\_\_