



Medallion Animal Clinic

BOARDING INFORMATION FORM

Owner _____, _____, _____
Last First Home Phone

Pet (s) Name _____

Date of last vaccination's _____
(Bordetella within last 6 mths-Dogs) ; (Distemper combo & Rabies within last yr-Dogs & Cats)

***REQUIRED INFORMATION**

*Date & time of pick up _____

*Emergency contact person _____ Phone _____

*Pet (s) eat, own food/name _____ amount _____ hospital brand _____

*Frequency () once a day () twice a day () food out all the time

*Pet (s) is on medication? () yes () no/ Owner brought medication? () yes () no

*Name of drug _____ Dosage _____

_____ Dosage _____

_____ Dosage _____

*Last dose given _____

Any allergies or reactions? () yes () no, If yes, describe _____

Toys/belongings? () yes () no, If yes, describe _____

WE ARE NOT RESPONSIBLE FOR LOST OR DAMAGED ITEMS

SERVICES REQUESTED:

() PHYSICAL EXAM and/or VACCINATIONS, describe _____

() FLEA TREATMENT (Capstar application or topical application)

() TOENAIL TRIM () BATH

VIP (VERY IMPORTANT PET) () Additional Walk per day, \$4.25 per day

ALL PETS FOR BOARDING MUST BE CURRENT ON ALL REQUIRED VACCINES AND FREE OF EXTERNAL PARASITES, OR THEY WILL BE TREATED AT OWNERS EXPENSE

A cleansing bath may be given for a small fee if the pet (s) soils itself while boarding. In case of illness or injury, I the undersigned, do hereby give my consent for the doctors of Medallion Animal Clinic to treat, prescribe for, or operate on my pet (s) while being boarded at the hospital as necessary and desirable in the exercise of the Veterinarian's professional judgment. You are to use all reasonable precautions against illness, injury, or escape, but you will not be held liable or responsible on account of the care, treatment, or safe keeping of my pet.

SIGNATURE _____

DATE _____