



# Shamrock Bed and Barkfest



## Boarding Agreement

Date: \_\_\_\_\_  
 Owners Name: \_\_\_\_\_ Pet's Name \_\_\_\_\_  
 Emergency # \_\_\_\_\_  
 Board From: \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Number \_\_\_\_\_

### MEDICATIONS

Is your pet on medication YES / NO

Medication \_\_\_\_\_ Dose mg/cc \_\_\_\_\_  
 Frequency 1x/day 2x/day 3x/day Other \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose mg/cc \_\_\_\_\_  
 Frequency 1x/day 2x/day 3x/day Other \_\_\_\_\_

### DIETS

Is your pet on a special diet YES/ NO Name: \_\_\_\_\_ Feed 1, 2, 3, X daily

### BELONGINGS

Leash Collar Carrier Toy Bedding Food Other \_\_\_\_\_

*(Please note we take all reasonable care of personal items you leave with your pet; however we cannot be held responsible for loss or damage.)*

### OTHER

Bath Frontline Heartworm pills Pedicure Groom C-Bath Other \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_

Would you like the doctor to examine your pet for any other problem(s) while boarding? YES/NO

If yes, please explain the problem:

\_\_\_\_\_  
 \_\_\_\_\_

Every pet boarding at Animal Medical Clinic **must be current on vaccines**. Please note that *Bordetella* is due **EVERY 6 MONTHS**. *If your pet is not current at time of admission, or we have not been given current records, a doctor will examine and administer the following vaccinations at the owner's expense.*

**Canine:** Bordetella DA2PLP+CV Rabies Feline: FVRCP Rabies Leukemia  
 Fecal Heartworm check RBS Home again Fecal Heartworm check RBS Home again

Owner/Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_