

Pet Name: _____

Weight: _____

Capstar: Y / N

Date: _____

Little House Boarding Form

Owner's Name: _____ **Pet's Name:** _____

Arrival date: _____ **am/pm** **Departure date:** _____ **am/pm**

Phone Numbers: _____

***These need to be numbers that we can reach you in case of an emergency or if we have questions concerning your pet*

E-Mail: _____

We encourage you to bring your pet's regular diet to prevent intestinal upset while boarding. If food is not provided, you will be charged at the current rates.

Type of food: _____

Feeding Instructions: _____

Please bring all medications your pet is currently taking in their original containers. If medications are not provided, you will be charged at the current rates.

Medication Name	Dosage Amount	Dosage Instructions	Time Last Given?

ITEMS LEFT (i.e. collar, leash, blankets, bed, etc.): _____

Are there any services/problems you want a doctor to address while your pet is here?

Exam _____ **Explain** _____

<input type="checkbox"/> Bath	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Dremmel Nail Trim	<input type="checkbox"/> Express Anal Glands
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VACCINATION AGREEMENT- For the health of your pet and the pets of others at our hospital, we require that all animals have certain vaccinations (listed below) before being admitted. Your signature below states that you understand this policy and if the vaccine status of your pet is not current or cannot be determined, you allow our doctor(s) to vaccinate your pet and you accept financial responsibility for these services.

Dogs: DHPP (Distemper Parvo)

Rabies

Bi-Annual Bordetella (kennel cough)

Cats: FVRCP-P (Feline Distemper)

Rabies

Leukemia (strongly recommended)

EMERGENCY TREATMENT AGREEMENT- In the event that you pet requires emergency medical attention while in our care, someone from Little House Animal Hospital will try to contact you for consultation. If you cannot be reached, our doctor(s) will do what they feel is necessary to diagnose and treat the problem. Your signature below states that you understand this policy and will accept financial responsibility for any exams, treatments, or medications administered.

CLIENT'S SIGNATURE

