

Boarding Admission

Client Name: _____ Phone: _____

Alternate Emergency Contact: _____ Phone: _____

Pet Name: _____ Boarding from: _____ to _____

Are there any other treatments you would like us to perform while your pet is here?

Is your pet on a special diet? NO YES _____

Did you bring food ? NO YES

Please feed: Amount in AM _____ Amount in PM _____ or Free Feed

What type of flea preventative do you use? _____ Date of last application _____

Is your pet on medication? NO YES

If your pet is on medication, you must fill out the medication instruction sheet.

We value the well being of our patients. We require that all of our boarding pets be kept free of fleas. If your pet is found to have fleas, we will give an oral medication called Capstar, which will kill all live fleas on your pet.

In case of an emergency, we will make every attempt possible to contact the owner or guardian. If unavailable, I hereby authorize Sunset Cliffs Animal Hospital to render whatever medical and surgical care deemed necessary should my pet(s) become ill while boarding.

Signature _____ Date _____

Please note the front desk is not open on Sundays and you will not be able to pick up or drop off on Sunday.

Reception Initials _____

Technician Initials _____ Double checked by _____

*** One boarding sheet per pet**