



Boarding Information Form

740-587-1129

NOTE: For your convenience, please fill this out prior to dropping off your pet. We appreciate you taking the time to fill this out as it helps us take this best possible care of your pet.

Boarding Policy: For your pet's protection, your pet needs to be current on vaccines within the past 6 months. If it has been greater than 6 months, your pet is required to have vaccines and an examination. Your pet will also be checked for fleas and treated if needed. _____(initials)

Client (owner): _____ Patient: _____ Date _____

Dates of Boarding _____ I plan to pick up my pet (Date/Time) _____

Feeding Instructions: *(Please circle one)* I'm bringing Food or Feed Clinic Food

If You are Bringing your Own Food, What Brand is it? _____

How much do you feed? _____ How Often? _____

Has your pet had breakfast and/or dinner yet today? Breakfast _____ Dinner _____

Medication(s): Please specify if meds are AM or PM

Has your pet had any medication(s) yet today?

AM _____

PM _____

Emergency Contact Names and Numbers:

1. _____

2. _____

Other Special Instructions:

Veterinary Clinic Name: _____ (if different from us)

What you will be bringing with your pet: Carrier Collar/leash Other:

Phone Number(s) that we can reach you throughout the day

() _____ () _____

In the situation where my pet(s) becomes ill while boarding, I agree to have the Veterinarians of Granville Veterinary Clinic examine, diagnose and treat my pet including blood work, possible X-ray and/or any other diagnostic testing needed to determine the cause of my pets illness up to the limit of \$150 \$250 \$500 \$1000 Other_____. *(Circle one or fill in).*

We will make every effort to reach you if there is an emergency with your pet. However, if we cannot reach you and we suspect a life-threatening problem, we would like your permission to make the best medical decisions for your pet that may include transfer to a referral hospital such as MedVet or Ohio State Vet School for emergency treatment. Agree_____ Do Not Agree_____

Pets with external parasites (such as fleas/ticks/lice) will be treated at your expense for a nominal fee to prevent other boarding from being infected.

Owner's Signature _____ Date _____