

DANA PARK VETERINARY HOSPITAL

Rec _____ Kennel _____

Date: _____ P/U Date _____ Owner's Name: _____

Pet's Name: _____ Breed: _____ Color: _____ F S M N

ALL VACCINATIONS MUST BE CURRENT FOR BOARDING (Date vaccination given)

DHLPPC - FVRCP _____ RABIES _____ BORDETELLA _____

ER Phone #1: _____ Emergency Contact #1: _____

ER Phone #2: _____ Emergency Contact #2: _____

Authorized to P/U other than owner: _____

INSTRUCTIONS FOR BOARDING

CHECK WHEN DONE

Patient Alerts _____ **Extra Walk** \$2.00/Walk **YES/NO**

Exam _____

Vaccinations _____

HWT () Fecal () N/T Bath/Groom _____

Med #1: _____ Start: _____ Rtn

Med #2: _____ Start: _____ Rtn

Med #3: _____ Start: _____ Rtn

Food: Hosp: _____ Rtn

Food: Owner: _____ Rtn

Treats: _____ # Cans: _____ # Bags _____ Rtn

Personal Items : _____ Rtn

Comments:						Med #1:				Med #2:				Med #3:			
						6a	2p	6p	10p	6a	2p	6p	10p	6a	2p	6p	10p
	Weight In/Out	Appetite	BM	Urine	BAR Clean												
		am															
		pm															
		am															
	Re-Weigh	pm															
		am															
		pm															
		am															
	Re-Weigh	pm															
		am															
		pm															
		am															
	Re-Weigh	pm															
		am															

G – Good F – Fair N – Normal P – Poor O – None D-Diarrhea V – Vomiting

AUTHORIZATION FOR BOARDING

I authorize Dana Park Veterinary Hospital to do whatever is necessary to insure the health of my animal while boarding. This includes giving any vaccinations required by the hospital and treating any injury or illness that may occur while boarding. I ALSO UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE FOR ALL CHARGES THAT ARE INCURRED. If I neglect to pick up a pet or contact Dana Park Veterinary Hospital within 5 days of the designated pick up day, the hospital will assume that the animal was abandoned. DANA PARK VETERINARY HOSPITAL WILL MAKE ATTEMPTS TO CONTACT ME IN THE EVENT OF AN EMERGENCY.

SIGNED: _____ DATE: _____