

# Cumming Veterinary Clinic- Boarding Admission Form

*"Where we treat every pet as our own"*

Your Name

Phone Number

Please provide your veterinary records at the time or drop off. Have them emailed to [info@cummingvetclinic.com](mailto:info@cummingvetclinic.com) or faxed to 770-781-4195

Pet's Name

Species

Sex

Birthday/Age

Female

Male

Your pet will be provided bedding materials; if your pet chews or destroys bedding materials please make a note in special instructions below so that we can protect your pet. We prefer that you not leave personal bedding, toys, etc but any must have your name on them as we launder numerous times daily. As hard as we try, we cannot be responsible for lost or damaged items.

**What would you like us to feed your pet?**

I will bring my own

House food is perfect!

**What brand of food are you feeding?**

**Feeding Instructions:**

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**Is your pet diabetic?**

Yes

No

**When was the last time the pet was fed and given insulin?**

Please inform us of medications and instructions for administering in the spaces provided. If you would like us to follow the labeled instructions just say "as directed"

If my pet is boarding over a weekend or a holiday and requires insulin or special medical attention, there will be an additional charge.

**Include the last time the insulin was given and the dosage given, if applicable**

**Belongings: Toys, bedding, other:**

**Would like your pet to have a bath or a groom (haircut) before leaving the kennel?**

Bath

Groom (haircut)

Nope, we are good

**Date you would like your pet to have a bath/groom (haircut):**



Month Day Year

All grooming request must be confirmed with the groomer and are subject to change depending on the groomer's availability

**Does your pet have any special instructions or a medical problem that need a doctor's attention, If YES please list them below:**

**Pets may require medical treatment if they become ill while boarding. We will make every effort to contact you; you are responsible for any charges incurred while treating your pet.**

**Departure Date**



Month Day Year

**Emergency Contact**

**Phone Number**

**Signature**

**Today's Date:**



Month Day Year

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