Cumming Veterinary Clinic- Boarding Admission Form

Client Name:

Address:

City: State: Zip Code:

Phone #:

Patient Name:

Species: Sex: Birthday/Age:

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.**

Food brought?:

Include the last time the pet was fed and given insulin

Feeding Instructions:

Please inform us on insulin, feeding schedule, and any other medications and instructions

Include the last time the insulin was given and the dosage given

Medicine #1	
Medicine #2	
Medicine #3	
Medicine #4	

☐ **X** ***Please note*** If you would like us to medicate your pet(s) with medications you have brought with you, there will be additional charges. We cannot be responsible for personal items lefts with your pet. You must initial the box of the left to agree

Toys, bedding, other:

☐ **X** Check here if you would like your pet to have a bath before leaving the kennel. If yes please provide the date of bathing

Bath Date: Dismissal Date:

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.

Emergency Contact: Phone #:

I have read and understand the boarding policy of Cumming Veterinary Clinic. Please ask if you have any questions

Signature of Pet Owner or Person Responsible

Today's Date: