

## Boarding Agreement/Information Sheet – please fill out and sign.

<b>Pets:</b> 1) 2)	<b>Drop Off Date :</b>	<b>Pick Up Date :</b>
<b>Owner:</b>	<b>Phone Number:</b>	
<b>Emergency Contact:</b>	<b>Emergency contact Phone Number:</b>	

\*\*Charges begin on the day you bring your pet in, however if your pet checks out before noon on the day he/she leaves you are not charged for that day.

\*\* All pets must be current on vaccinations and must be free from all external parasites. Any pet NOT current on vaccinations or found to have any parasites will be treated at this time and at owners expense all charges are due at time of dismissal. Initial \_\_\_\_\_

Medications to be dispensed while boarding – MUST BE IN BOTTLE LABELED FROM VETERINARIAN WITH PATIENTS NAME ON IT.

Name of Medication:	Dosage instructions:	Last Given:

Owner requesting Services: \_\_\_\_\_

**Grooming:** Was an appointment made prior to drop off? Yes \_\_\_ No \_\_\_

If Yes: Instructions for groomer: \_\_\_\_\_

If no please ask receptionist for available times & rates if you would like to have your pet groomed during his/her stay.

In case of emergency, I give Bridge Street Animal Clinic permission to treat / stabilize my pet at their discretion until they are able to reach either myself or my emergency contact for permission. By signing this agreement I agree to all treatments/ fees above and I am aware that payment is due at time of discharge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use:

Coming in with: \_\_\_\_\_

Current on Vaccinations Yes \_\_\_ No \_\_\_

Vaccinations or other services needed: \_\_\_\_\_

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## Boarder Medication Sheet

Patient: \_\_\_\_\_ Weight: \_\_\_\_\_ Date In: \_\_\_\_\_ Date Out: \_\_\_\_\_

Feeding Instructions: \_\_\_\_\_

Medication	Dose												
		am	12	pm	am	12	pm	am	12	pm	am	12	pm
Urine/BM - Notes													

  

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		am	12	pm	am	12	pm	am	12	pm	am	12	pm
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		am	12	pm	am	12	pm	am	12	pm	am	12	pm
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