

West Davis Veterinary Clinic, Inc.
3411 West Davis St.
Conroe, TX 77304
(936) 756-8801

Boarding Drop-Off Information

Owner's Name: _____ Date: _____
Contact Number: _____ Check Out Date: _____
In case of emergency, list **LOCAL** contact person:: _____
Phone Number(s): _____

Pet's Name and Breed:

- 1) _____
- 2) _____
- 3) _____

Medications to be Given:

- 1) _____
- 2) _____
- 3) _____

Special Diet and How Many Times Feed a Day: ONCE DAILY or TWICE DAILY

- 1) _____
- 2) _____
- 3) _____

Items Left:

Collars _____ Leashes _____ Carriers _____
Blankets _____ Toys _____ Other _____

Please initial one of the following whether or not you would like your pet to have a bath the day of departure.

_____ Bath with Nail Trim, Anal Gland Expression & Ear Cleaning/ Pick Up Time _____
_____ Decline Bath

Every boarder will be given a Capstar Tablet orally for a minimal charge to keep our facility flea free.

YOUR PET MAY NEED MEDICAL CARE WHILE STAYING WITH US (Ear infection, Skin Infection, ETC.)

Permission to treat your pet(s) while boarding (if necessary).
Please Call If Amount is Over \$ _____

Owner's Signature: _____