

BOARDING ADMISSION

<animal-pic>

Owner's Name: <first-and-spouse> <last-name>

Emergency #1: _____

Emergency #2: _____

CHECK IN DATE: _____ CHECK OUT DATE: _____

Patient: <animal> Breed: <breed> Age: <birthday> Sex: <sex> Color: <color>

<input type="checkbox"/> Athletic Package \$15.00 additional per day 2 Playtimes 1 Busy Bone 1 Frozen Dog Treat	<input type="checkbox"/> Bed Time Package \$15.00 additional per day 1 Frozen Dog Treat 1 Brush Out 1 Bed Time Story	<input type="checkbox"/> Spoiled Rotten Package \$21.00 additional per day 2 Play Times 1 Busy Bone 1 Frozen Dog Treat 1 Brush Out 1 Bed Time Story	<input type="checkbox"/> Pampered Feline Package \$31 per day Includes regular boarding and... Self Warming Bed and... Cat Scratcher
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Medical Condition:

Medical condition that we need to be aware of? _____

Medication to be given: Medication: _____ Directions: _____

Medication: _____ Directions: _____

Medication: _____ Directions: _____

ALL MEDICATION MUST BE IN ORIGINAL PACKAGING WITH INSTRUCTIONS ON LABEL

Diet Instructions: ABC Food –Science Diet Client provided diet _____

Feeding Instructions:

Personal Items being left with <animal>:

RECEPTIONIST INSTRUCTIONS TO THE DOCTOR

Signature: _____ Date: _____