

Boarding Admission Form

FOR OFFICE USE ONLY: Checked-In (Computer) \Box Invoiced \Box

<first-name> <last-name <animal=""> Nail Trim (\$2 (Bath prices vary depending of Emergency Contact #: N</last-name></first-name>	21.00): Yes No Bath: In the size of your pet and their numb		Pick Up Date/Ti e:	me: Grooming 🗌
Vaccines Due Canine Up to Date D Heartworm Test Exa	ue: Rabies DHPP Le	pto 🗌 Influenza H3I	N2 🔀 Influenza H3	N8 🗌 Bordetella 🗌 Fecal
Feline Up to Date Do	ue: Rabies FVRCP FeLV	Exam Fecal		
Existing Illness: Diabo	etes	GI Upset when Stres	ssed Arthritis [Seizures Cancer
Medication: No Yes (There will be a \$4.00 per day cl	SEE MEDICATION FORM harge for pets requiring medication d	uring their stay. Insulir	ı is \$6.00)	
Additional services to be perf For the protection of all our boardi and FVRCP and Rabies for cats. A	Date(s): All day (\$16.0 cormed: ng guests, your pet must be current on valicensed veterinarian must have given the vaccines and the appropriate fees will be considered.	ccinations (Distemper-Parvese vaccinations. Without)	o, Rabies, Bordetella, Le	ptospirosis, and Canine Influenza for dogs ions, Countryside Pet Clinic will perform an
Dogs:	Boarding Rates* Cages	1 0 0	, VIP suite, or cat condo	7:00 am – 5:30 pm 7:30 am – 12:00 pm)** 5:30 pm – 6:00 pm
	Boarders checking out at Sunday' *\$10.00 late fee will be added from 5			
	ne owner) of the pet listed above. I understable to be reached, I authorize the doctor	•		ole precautions to assure my pet's safety ary, and will assume full responsibility for
, , , , , , , , , , , , , , , , , , , ,	ne owner) of the pet listed above. I understable to be reached, I authorize the doctor and expenses involved.			
while in their care. If I am un lifesaving procedures. PAYMENT IS DUE AT CHECKO		he doctors and staff to prov VILL BE PICKING UP YOU	vide any treatment. I uno R PET, THEN WE ASK	

Date _

Owner's/Agent's Signature _____