{NAME} {SPECIES} {BREED} {AGE} {COLOR} {SEX}

Boarding {ARRIVALDATE[SHORT]} Until {DEPARTUREDATE[SHORT]}



CENTER					
-			CR	KT	
	Weight				
Boardi		Care Instructions			
Please answer the following questions so that we ma					
*Canine: \$39, Feline: \$53- includes nail tri • What time would you like us to (IF NO TIME IS GIVEN, WE CANNOT GUARA 2. What will we be feeding your pet? OWN CL. • How often do you feed your pet	m, ear cleaning have your pet NTEE YOUR PET WI	, and anal glad expression. ready to go? LL BE BATHED BEFORE 3PM ON DISCH	IARGE DATE)		
3. Is your pet in need of medications while boarding while • Please list names of medications a Name	ng) NO	-	r night to admir Frequency	nister medications	
Services:					
[] Standard	-Includes	-Includes regular walks, feeding twice daily, fresh water, and bedding at all			
\$28.25-\$33.00 per night	times.				
[] Medication administration		-Administration of medication(s) by a veterinary technician to your pet while			
\$14.25/night		they are boarding with us			
[] VIP Boarding	-Includes	-Includes extra playtime with or without other dogs, a hypoallergenic treat			

with each meal, and a complimentary Go Home Bath! If your pet is VIP \$13.00/day \$16.25/day if administering boarding and will need medications administered, our veterinary technician medications while boarding will administer those medications for only \$3.00 more each day [] Pup dates or Kitty grams -Get a text picture of your pet every day while they are boarding with us \$2.00/day [] Medical Boarding \$70.25 per night -This boarding is for patients that need to be monitored closely while boarding. The patient will board in the treatment room and be cared for by our Veterinary Technicians. No additional medication administration fee when medical boarding. [] Diabetic Boarding \$54 per night -This boarding is specifically for patients who are diabetic and need to be monitored closely while boarding. The patient will board in the treatment room and be cared for by our Veterinary Technicians. No additional medication administration fee when diabetic boarding.

{ID} {FULLNAME}

$\label{eq:name} $\{ \mbox{NAME} \} $$ \{ \mbox{SPECIES} $\{ \mbox{BREED} \} \{ \mbox{GOLOR} \} \{ \mbox{SEX} \} $$$

Boarding {ARRIVALDATE[SHORT]} Until {DEPARTUREDATE[SHORT]}



[Luxury Boarding \$54.00-\$56.25 per night	-Includes VIP perks, as well as more comfortable suite complete with raisedbed, cable TV, ceiling fan, and glass door! (VERY LIMITED AVAILABILITY)		
[] Doggie Daycare [] \$17-half day / [] \$21-whole day	-Must meet requirements for attendance and pass behavior assessment. Provides pups with hours of supervised group play!		
Special Instructions and Belongings:			
Boar	ding Release Agreement		
	ng with us, it is necessary for us to have permission to manage any medical contact you, we will also need a telephone number where we can reach you.		
properly for Rabies (yearly), Distemper/Parvo (current internal and external parasites (ex. fleas, ticks, worms,	OES NOT HAVE DIARRHEA. I understand that my pet must be vaccinated t per puppy age & yearly per adult), Bordetella (within 6 months) and free of etc.) to ensure self-protection and the protection of other pets within the t or handling of my pet, Animal Medical Center has my permission to		
permission to the veterinary staff to manage or treat any	of the Animal Medical Center of Hattiesburg. In doing so, I give full y medical condition that may occur. I understand that in the event of a medical sonal judgment to provide medical services and treatment. I understand that I aiming my pet.		
1pm-5pm on Sunday. ALL PETS PICK	efore 8 pm Monday - Friday, before 3 pm on Saturday, and between the hours of ED UP OR DROPPED OFF OUTSIDE OF THESE TIMES WILL BE DITIONAL \$25 AFTER HOURS DISCHARGE FEE.		
IMPORTANT : If my pet has a serious illness or injury doctors and medical team of Animal Medical Center to	y, and if the illness or injury becomes critical during my absence, I want the :		
[] Do NOT resuscitate my pet.	[] Resuscitate my pet (charges to be due at release)		
I have read the boarding requirements and understand t	he hospital's policies.		
Signed:			
Emergency Contact: ()			