

Boarding Form Information

Please take the time to give us the information of your pet(s) staying with us. Be as thorough as possible, as we use this to provide the best care!

(Circle or write on line)

Diet: (MAH food or OWN food, how much & how many times a day)

Medications: (Type of medication, how much are we giving, & how many times a day)

1. _____

2. _____

3. _____

(For additional medications, use additional notes section)

Bath/NT: Yes No NT only Belongings: (bed, food, treats ect.) _____

A La Carte Menu Items for Additional Charge: (what kind and how many times/day)

Dogs:

Frozen Peanut butter kong Quantity _____

Ice cream Quantity _____

Romps Quantity _____

Fresh Air Strolls Quantity _____

Cats:

Treat/Food Ball Quantity _____

Swing and Swat Quantity _____

Purring Playtime Quantity _____

Additional Notes:

ER Contact: (Name and Number)

All animals must be current on vaccinations, yearly negative fecal exam, and free of internal & external parasites or they will be TREATED at Mundelein Animal Hospital (MAH) AT MY OWN EXPENSE. I authorize the MAH to do whatever is necessary should an emergency arise. Should my pet become ill or injure itself, and the MAH IS UNABLE TO CONTACT MY ER CONTACT (at the number I have provided above) it will be treated at my own expense. **MAH is not responsible for ANY belongings brought left with my pet.** MAH recommends a bath at the end of the stay, but it is my option and at my cost. Unclaimed pets after the date which is stated as a pick-up date, I understand that written notice will be mailed to my last address as given. 7 days after such written notice the pet(s) will be considered abandoned and may be disposed of, or destroyed, as deemed best. This WILL NOT relieve me from any debt owed to the MAH. ALL ABOVE INFORMATION IS ALSO CORRECT (IE food, medications, contact numbers, due vaccinations, etc) This form and signature will be kept on file and current for no more than 1 year.

Signature: _____

Date: _____

For hospital use only:

Check in Initials: _____

Invoice Entries Done by: _____

Weight: _____

Invoice Entries Checked by: _____

Control Drug Count: _____