



Roanoke Animal Hospital

513 Byron Nelson Blvd.
Roanoke, TX 76262
817-430-8989 office
817-491-9888 fax
www.roanokeanimalhospital.com

Boarding Form

Pet's Name: _____ Your Name: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Date of Drop Off: _____ Date of Pick Up: _____
Pet's Food (Circle One) HOSPITAL FOOD PET'S FOOD
How much to feed: _____ Feed: (Circle One) ONCE DAILY TWICE DAILY

Medicines: (Please List) **ALL MEDICATIONS NEED TO BE IN ORIGINAL CONTAINERS**

Name of Medication	Have you given today (Yes or No)

Belongings - **ALL ITEMS MUST HAVE NAME ON IT:** _____

End of Stay Farewell Bath (**Dogs only**)

1. A Farewell Bath (shampoo and dry only) can be provided for your pet at no charge when boarding for 5 nights or longer.
2. Your pet may not be picked up before 2:00 pm when bath is provided. If your schedule does not allow this please check Decline Bath below.
3. If we cannot handle your pet safely we will not be able to provide a bath.
4. If you would prefer a Groom bath (includes EAG, TNT, brush out) we will be happy to schedule one for you with our groomer and let you know pricing.
5. You may request a Farewell Bath (\$15) if your pet stays fewer than 5 nights.

- ☐ Would like an Farewell Bath (5 nights free, fewer than 5 nights \$15) (**No cats**)
☐ Would like a Groom bath (ask for pricing)
☐ Decline any bathing

Signature: _____

If someone else should be picking up your pet, we require payment in advance. Please provide us with the person's name who will be picking up and their phone number: _____

Signature on this document is permission for your pet to be treated should it become ill. We will make every effort to contact you at the phone numbers we have on file or that you have provided regarding your pet's illness and the expense of treatment.

Signature: _____ Date: _____