

PET'S NAME _____

OWNER'S NAME _____

SOUTHERN VETERINARY CENTER
BOARDING INSTRUCTIONS

Thank you for choosing Southern Veterinary to care for your pet while you are away. We strive to provide a safe and stress-free environment for your pet and take their care very seriously. Please take a moment to answer the following questions so we can give the attention your pet deserves.

Dates to be boarded: ____/____/____ to ____/____/____.

Emergency Contact Number(s) _____

Owner must provide proof of current vaccines from a veterinarian, to board at SVC.
(Dogs-Distemper, Parvo, Bordetella, and Rabies vaccines) or (Cats-FVRCP and Rabies)

Pets will be examined at check in and if fleas are found, a Capstar will be given to the pet at the owners expense.

Oral and topical medications will be given at no extra charge. Injections such as insulin will have an additional charge.

Medication to be given	Dose	Frequency		When to start
		AM	PM	
		AM	PM	
		AM	PM	
		AM	PM	

For the health of your pet, SVC recommends feeding your pet's regular diet from home while boarding to prevent diarrhea and poor appetite. If this is not possible then we will feed Purina E/N dry to our canine boarders and Science Diet dry to our feline boarders.

Please specify when & amount pet should be fed. _____

Please check any services you would like completed while your pet is in our care.

- Vaccinations
- Stool check for intestinal parasites
- Heartworm blood test
- Nail Trim
- Express anal glands
- Ear cleaning/ pluck ear hair
- Previously scheduled surgery _____
- Other services/instructions _____

****SVC is not responsible for lost or damaged toys and merchandise _____**

Because boarding can be a stressful time for some dogs and cats, we occasionally find that a boarding pet become ill away from home. This is usually not a serious illness, but it may require some medical attention. Should this occur, please be assured that we will provide necessary treatment.

A nominal charge will be made if this becomes necessary.

Signature _____ Date _____

Feeding Instructions

Date: _____

Pet Name: _____

Last Name: _____

Owner's Phone Number: _____

Is it okay to text you pictures of pet? YES NO

Did you bring your pet's food?

YES



NO



I fed my pet last: This AM This PM Yesterday

I feed my pet: Dry food Wet food Both

Free feed Once daily Twice Daily

$\frac{1}{2}$ cup $\frac{3}{4}$ cup 1 cup Other: _____

Treat instructions: _____

Special feeding instructions: _____

Dogs: Will pet(s) chew up bedding?

YES

NO

Owner's Signature: _____