Mechanicsville Animal Hospital

CANINE BOARDING FORM

PETS NAME:	DROP OFF DATE:	PICK UP DATE:
OWNER INFORMATION		
NAME:	CONTACT NUMBER:	
NAME:	CONTACT NUMBER:	
VACCINE INFORMATION	CURRENT OVERDUE	
 [] DHPP [] RABIES [] BORDETELLA [] LYME [] LEPTO 	 [] ANNUAL WELLNESS EXAM [] FECAL (STOOL SAMPLE) [] HEARTWORM CHECK [] ANNUAL BLOOD CHECK [] EXAM / OTHER	Additional Services [] NAIL TRIM [] EXPRESS ANAL GLANDS [] KENNEL BATH
FEEDING INSTRUCTIONS		
PLEASE CIRCLE	HOSPITAL FOOD	OWN FOOD
HOW MANY CUPS or CANS	Please check if you have fed your pet prior to dropping off []	
MEDICATION INSTRUCTIONS:		
RX:	Gave 1 st dose prior to d	ropping off? YES [] NO []
INSTRUCTIONS:		
RX:	Gave 1 st dose prior to d	ropping off? YES [] NO []
INSTRUCTIONS:		
RX:	Gave 1 st dose prior to d	ropping off? YES [] NO []
INSTRUCTIONS:		
	oarding must be current on vaccines to prevent the spread of infectious di ES and FDRC) at the time of check-in, we will update these during your pe	

gastrointestinal upset while boarding. In the event that your pets develops diarrhea/loose stools during their stay we will run a FECAL to ensure your pet does not have any unknown intestinal parasites that could be spread to other pets. We will also prescribe and began administration of any medications warranted, both these items will be additional charges and every effort will be made to notify you of the treatment prior to discharge.

OWNERS SIGNATURE: _____

DATE: _____