



BOARDING REGISTRATION FORM

Client's Name:	Pet's Name:
Drop-Off Date:	Pick-Up Date:

Part I - FEEDING AND SERVICES NEEDED

Your pet is fed	
___ cup(s) of dry food ___ time(s) a day	Did you bring your pet's food from home? <input type="checkbox"/> YES <input type="checkbox"/> NO
___ can(s) of wet food ___ time(s) a day.	Last time pet was fed? _____AM _____PM

Additional Feeding Instructions: _____

Is your pet on medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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(If yes, please complete additional form)

Items you will be leaving with your pet:

****Although we do our best to ensure that your pet goes home with his/her belongings, we are not responsible for lost or damaged items****

What is your pet's favorite playtime activity? _____

Clean-up bath before pick-up?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Nail Trim Only
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Does your pet need an exam or other services while boarding?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please complete additional form)
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Vaccines Only: Rabies Distemper Bordetella Lyme Lepto Flu Heartworm Test Fecal
Vaccines Required for Boarding: Canine - Rabies, Distemper, Bordetella, & Flu. Feline - Rabies & Distemper

Part II - EMERGENCY INFORMATION

Please provide the best numbers to reach you in the event of an emergency:

Primary Name and Number:	Secondary Name and Number:

I, HEREBY, give Hudson Veterinary Hospital, permission to administer medical or surgical treatment as needed until owner can be notified. I also give permission to give vaccines and treat for parasites as needed. **Animals infested with fleas or those that are unusually dirty will be bathed or treated accordingly.**

I understand that these services will be charged and must be paid at pet's release.

Signature: _____ Date: _____