



SUPERVISED BOARDING REGISTRATION FORM

Client's Name: _____ Pet's Name: _____
 Drop-Off Date/Time: _____ Pick-Up Date/Time: _____
 Please list any major medical conditions: _____

Part I – FEEDING AND SERVICES NEEDED

Food	Type	Quantity	Times per day
Home / Kennel	Wet / Dry / Combination	_____	1 / 2 / 3

If you did not supply food, we will serve a dry Healthy Advantage diet

My pet is on medication? YES NO

(If yes, please see attached form)

Has your pet eaten today? YES NO

Items left with my pet: ****Although we do our best to ensure that your pet goes home with their belongings, we are not responsible for lost or damaged items****

Clean-up bath before pick-up? YES NO

Already has a grooming appointment scheduled? YES NO

****If yes, your pets pick-up time will need to be after 2:00pm to allow time for drying****

Does your pet need an exam or other services while boarding?

YES **(Please see attached form)** NO

Part II – EMERGENCY INFORMATION

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

Primary Number : _____

Secondary Emergency Number: _____

I, HEREBY, give the Hudson Veterinary Hospital Resort & Spa, 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. I understand that these services will be charged and must be paid at pets release.

Signature: _____ **Date:** _____