



Boarding Registration Form

Owner's Name:

Pet's Name:

Date of Arrival:

Date of Departure:

Owner's Contact Information (please list all phone numbers you would like on record):

Local personal we can contact with questions if you will not be accessible:

Checklist

1. Current on vaccines (minimum required Rabies, DA2CPP, Bordetella) Yes No
2. Where is the vaccine record?
3. Food
 - a. Do you prefer that we use our kennel food (Purina EN) or will you be providing your own food?
 - b. Please provide feeding instructions (ex. 1 cup twice daily)
4. Are there any health concerns or pre-existing medical conditions with the animal?
 Yes No
5. Any coughing, sneezing, or exposure to any coughing dogs lately? Yes No
6. Medications – Please provide instructions with the name of the medication
 - a.
 - b.
 - c.
 - d.
7. Would you like any additional services performed while your pet is boarding with us (ex. Vaccinations, toe nail trim, etc)?

8. What items will you be bringing from home (ex. Bed, Blanket, Treats, Bones, Toys)?
9. Special Instructions

Do you give Park County Animal Hospital doctors and staff permission to assess and treat any illness or medical condition that may arise during the pet's stay?

- Yes No Please call before treating my animal

In the rare and unfortunate event that your pet dies in our care, your pet will be maintained here at Park County Animal Hospital for pick-up or further instruction.

X

Signature of Owner/Responsible Party

Date: _____