



The Pet Care Clinic

Boarding Sheet

Owner's Name: _____ Pet's Name: _____

Phone #: _____ Email: _____

Emergency Contact: _____ Phone: _____

Drop Off Date: _____ Pick Up Date: _____ Standard _____ Luxury _____

Personal Belongings: _____

Notes: _____

Would you like your pet to be groomed? _____

Please read and sign the following:

The Pet Care Clinic reserves the right to administer any necessary medical treatment in the event that your pet should suffer any medical ailment while in the care of Pet Care Clinic. Any costs incurred in the treatment of your pet will be the responsibility of the owner. In addition, all hospitalized and boarding animals must be current in regards to all vaccinations and parasite checkups. Pick up is after 2:00pm, except Thursday and Saturdays where pick up is after 11 am but before 1:00pm.

Owner's or Agents Signature: _____

For Office Use Only:

DHLP+C: _____ Rabies: _____ Bordetella: _____ Labs: _____

FVRCP: _____ FIP: _____ LEUKEMIA: _____ RABIES: _____

Physical exam record: Initials: _____ Date: _____

Weight: _____ Gen App: _____ Coat: _____ Ears: _____ Eyes: _____ Teeth: _____ Muc. mem: _____

Mus/Skel: _____ Lymph nodes: _____ Notes: _____

Daily

Observation: _____
