

# BOARDING REGISTRATION FORM

*\*Pet(s) must be current on vaccinations or they will be given at the owner's expense.*

**Boarding Reservation Dates** from \_\_\_\_\_ to \_\_\_\_\_

Client Name: \_\_\_\_\_

Pet(s) Name \_\_\_\_\_

Client Contact Number(s): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_

Toys or Personal Belongings: \_\_\_\_\_

Special Needs (i.e. diet or medications): \_\_\_\_\_

**ADDITIONAL OPTIONAL SERVICES** (additional charges will be applied)

\_\_\_ Physical Exam by Veterinarian-List details of concern: \_\_\_\_\_

Vaccinations: \_\_\_ rabies \_\_\_ DHLPP Parvo \_\_\_ Bordetella \_\_\_ FVR CP \_\_\_ Feline Leukemia

\_\_\_ Canine Heartworm Test                      \_\_\_ Express Anal Glands                      \_\_\_ Flea & Tick Bath

\_\_\_ Nail Trim                                      \_\_\_ Feline Leukemia & FIV Test                      \_\_\_ Fecal

\_\_\_ HomeAgain Microchip Identification

**PERMISSION TO TREAT**

Should my pet(s) become ill, a FAC veterinarian may provide treatment deemed necessary by the doctor's professional judgment. I acknowledge that in the event of my pet's illness, the FAC staff may not be able to contact me immediately. I therefore authorize initiation of appropriate treatment until I can be reached. I understand that I assume financial responsibility for all services rendered and agree to pay all charges (including boarding costs) upon release of pet from the clinic.

\_\_\_ I have read and fully understand this boarding registration form.

\*In the event of an emergency situation, I authorize                      \_\_\_ YES                      \_\_\_ NO

**FAC to do whatever you deem necessary to treat my pet.**

\_\_\_\_\_

\_\_\_\_\_

Client Signature (or responsible party)

Date