

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(____) _____

Address: _____

Street: _____

City: _____ State: _____ Zip: _____

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 ☐ FVRCP ☐ 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