



Boarding Admission Form

Vaccinations Required: Within last 12 months
 Dogs: Rabies, DA2LPP, and Bordetella (Kennel Cough)
 Cats: Rabies and FVRCP&C (Feline Distemper)
 ** All pets are required to be flea and tick free, and currently on prevention
 **If we can't confirm current vaccine status, we will vaccinate your pet(s) accordingly.
 We also recommend dogs also to be current on Lymes & Flu vaccine and cats to be current on Leukemia vaccine.

Pets Name: _____ Dog Cat Other _____

Owner's Name: _____ Phone Number: _____

Boarding Dates- Drop Off: _____ Pick Up: _____

(Please Note: There are no Sunday pick-ups/drop-offs.)

Feeding: We feed all pets Purina Dog/Cat Chow dry and/or canned food while boarding, if your pet has special dietary needs please note it below:

Special Diet (Needs to be brought in with pet): _____

How much do you feed your pet? _____ AM _____ PM or Free Choice _____

Medications: Is your pet on any medication? Yes No (if yes, please list below)

Name Of Med(s)

Dosage & Directions

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Emergency Contact Information:

Name: _____ Number: _____

Name: _____ Number: _____

On occasion, a pet may become ill while boarding. The most common ailments are diarrhea, vomiting, and lack of appetite. Do we have permission to treat these ailments for your pet, if needed? YES NO

I authorize Odessa Animal Clinic to board and care for the above named pet. I understand that my pet needs to be up to date on required vaccinations, and these will be administered at my expense if needed. Should a medical emergency situation occur, we will do our best to contact you at the number(s) provided. However, I authorize whatever treatment is necessary and will remain responsible for the cost of all services provided.

I choose to keep personal items in the kennel with my pet (toy, blanket or bed). I understand my pet might tear up, eat or soil these items. These items may also be lost while boarding. I understand I am responsible for any medical bills accrued if my pet gets hurt or consumes personal items. YES NO

Signature of owner/authorized caretaker Date.

- Other Elective Procedures:**
- | | |
|--|--|
| <input type="checkbox"/> Clean & Flush Ears | <input type="checkbox"/> Toenail Trim |
| <input type="checkbox"/> Lymes Vaccine | <input type="checkbox"/> Bath (Ask for price, depends on size) |
| <input type="checkbox"/> K-9 Flu Vaccine | <input type="checkbox"/> Feline Leukemia Vaccine |
| <input type="checkbox"/> Anal Gland Expression | |
| <input type="checkbox"/> K-9 Heartworm Check | |

I have reviewed the front of this form and it is all current:

Signature of owner/authorized caretaker

Date

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