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: _______


Mus/Skel: _______ Lymph nodes: _______ Notes: __________________________

Daily Observation: ______________________________________________________

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