The Pet Care Clinic Of Doral
Boarding Sheet

Owner’s name: ___________________ Phone #: ___________________
Emergency Contact: ______________ Phone: ___________________
Pet’s name: _______________________
Drop off date: __________ Pick up date: _____________ Standard_______ Luxury _______
Special Diet: ___________________ Medication(s): _________________________________
Personal Belongings: _________________________________________________________________
* Please, remove any collars and leashes and take home.
Notes: __________________________________________________________________________

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 check ups. Pick-up after 2pm daily, except Thursdays and Saturdays pick-up is after 11am.

Owner’s or agents signature: _______________________________________________

For office use only:
DHLP: ______ Parvo: _______ Corona: _______ Bordetella: _______ Rabies: _______ HWtest _______
Date vaccinations were administered (if any): _______ Initials: __________
FVRCP: ______ FIP: _______ Leukemia: _______ Rabies: _______
Date vaccinations were administered (if any): _______ Initials: __________
Physical examination record: Initials: __________ Date: ___________ Weight in: ________/out: _______
Notes on physical: __________________________________________________________________________
Fecal: ______ Treatment: __________________________________________________________________
Daily Observation: __________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________