



Boarding Admission

Today's Date _____ Date of Return _____

Pet's Name(s) _____ Owner's Name _____

Extra Walks (fee of \$3/ea/day) # _____ Personal Items _____

Feeding Instructions

Type of food: _____ Dispense if needed: Yes / No

Give _____ for _____

Give _____ for _____

List All Medication, Vitamins and Supplements with Dosing Instructions

I understand there is a \$7 per day administration fee (medications, vitamins and supplements) while boarding _____

1. Name: _____ Were Meds Given Today? Yes No

Instructions: _____

2. Name: _____ Were Meds Given Today? Yes No

Instructions: _____

3. Name: _____ Were Meds Given Today? Yes No

Instructions: _____

I request, and authorize, the following services while my pet is boarding: _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Bath (Includes Nail Trim & Ear Cleaning) | <input type="checkbox"/> Ear Cleaning | <input type="checkbox"/> Pick-up AFTER 4pm M-F & 12pm on Sat. |
| <input type="checkbox"/> Nail Trim | <input type="checkbox"/> Anal Gland Expression | <input type="checkbox"/> Early pick -up |

***All boarders receive a complimentary exam by a technician upon arrival.**

___I understand that if I leave any personal items (blanket, toy, leash, etc.) there is no guarantee on them being in the same condition as when I brought them in, and I do not hold Christensen Animal Hospital responsible for lost items.

___ I authorize a bath cases deemed necessary by the staff to keep my boarded animal safe and sanitary until my arrival. I accept all charges incurred.

**** I have read and agree to the terms and conditions that are contained in this document**

Signature _____ Date _____

Emergency phone # the Doctor can reach you at today _____