



Vernon Woods Animal Hospital

Boarding Form

Patient's Name: _____

Owner's Name: _____

Drop off Date: _____

Pick Up Date: _____

For your pet's protection, all vaccines must be current. We require Distemper/Parvo, Rabies, Bordetella (kennel cough), and Influenza. Your pet should be free of internal and external parasites. If not, we reserve the right to treat your pet. The kennel is not responsible for any personal belongings left with your pet.

Please check any additional services you would like while your pet is boarding:

- Bath (Includes: Brush, Nail Trim & Ear Cleaning) If yes, date: _____
- Groom (Brush, Haircut, Nail Trim, & Ear Cleaning) If yes, date: _____
- Extra Walk Daily
- Teeth Brushing Daily
- Teeth Brushing – only with Bath/Groom
- Nail Trim (Clippers or Dremel)



Food Instructions:

- Feed In-house food (We use a low residue/low GI upset: Iams or Eukanuba)
- Brought food: Type: _____

Feed Daily: Once / Twice / Free Feed Amount: _____ Fed Today: _____

Medications:

- | | | |
|---------------|-------------|--------------------|
| 1. Med: _____ | Dose: _____ | Given Today: _____ |
| 2. Med: _____ | Dose: _____ | Given Today: _____ |
| 3. Med: _____ | Dose: _____ | Given Today: _____ |
| 4. Med: _____ | Dose: _____ | Given Today: _____ |
| 5. Med: _____ | Dose: _____ | Given Today: _____ |

Did you bring:

Toys: _____ Blanket: _____

Special Notes: _____

Is your pet currently taking Heartworm Prevention? Yes / No Type: _____

Is your pet currently on Flea Prevention? Yes / No Type: _____

If a problem should arise with your pet while under our care, we need permission to treat your pet. We'll make every attempt to contact you about an incident.

Signature: _____

Emergency Contact Name & Number: _____