Rocky Hill Animal Hospital Boarding Sheet

Owner:	Pet(s) Name:	Pet(s) Name:		
Owner's Phone #:	Check In Da	te:	Check Out:	
Emergency Contact:	Eme	Emergency Phone #:		
**In an emergency situation, if you authorize our veterinarians to provi and you agree to be responsible for	de any necessary medical all charges related to that	treatment for t	he wellbeing of your pet(s)	
Veterinary care or vaccinations ne	eded while boarding:			
2. Is your pet currently on any medic	ation? Yes or	No		
Please list medications:				
3. Please describe any bedding, towe	ls, toys, etc. you are leaving	g with your pet:		
4. Did you bring your own food with				
How many times a day do you fee	d your pet? F	How much?		
5. Would you like for your pet to have	e any of the following before	ore going home?		
Bath Nail Trim D	remel Anal Glands_	Groom_	Special Shampoo?	
(If bathed on the day they are goin	g home, please pickup after	r 3pm)		
Boarding Extra's (15 minutes o	<u>each):</u> □ Daily Te	ext Alerts (\$5) co	ell#	
☐ Extra Play Time (\$5 each) Qty_	_ Cuddle ?	Time (\$5 each)	Qty	
☐ Play Yard (\$5 each) Qty	☐ 10 Minu	te Brush Time ((\$5 each) Qty	
Please leave your number below if y (Texts usually every other day or as			ere:	
All patients must be up to date on vaccina <i>Rocky Hill Animal Hospital every 6 MON</i> mutations and strains not covered by the Rocky Hill Animal Hospital before bring off, vaccines will be given while your pet will be given Capstar—a safe, proven fleat (under 25lbs) or \$7.50 (over 25lbs).	THS. I am aware my dog is st current vaccination. Client is r ing a pet for boarding, groomi is here. In addition, any anim	till at a low risk of responsible for get ing, etc. If records mal found having	contracting the Bordetella virus due to tting previous vaccination records to s are not up to date and received by drop fleas or evidence of a flea infestation	
I, hereby, authorize the veterinarian(s) at	Rocky Hill Animal Hospital to	o treat my pet as d	leemed necessary while boarding.	
fignature: Date:				