

HOPE ANIMAL CLINIC – BOARDING FORM

Owner's Name _____

Pet's Name(s) _____

*****NOTE - ALL ANIMALS ARE REQUIRED TO BE CURRENT ON THE
MINIMUM VACCINATIONS PRIOR TO BOARDING. *****

Date In: _____ Bath No Bath Groom

Cage Run Suite

Date Out: _____ Doggy Daycare N / Y _____

Dates: _____

Meds: _____

Food: _____

Eats Bedding &/or Toys: Y / N

Climbs Cages: Y / N

Aggressive towards People: Y / N

Other Animals: Y / N

Please note: We cannot be held responsible for lost bedding or toys. We provide towels and would prefer that you do not leave any personal belongings.

For the protection of all animals present, your Pet(s) must be current on all vaccinations and free of external parasites such as fleas and ticks. Any animal that has not had vaccinations within the past 6-12 months or has external parasites will be vaccinated and/or treated at the owner's expense. If any unforeseen medical problems arise which require attention, we will notify you at the contact number(s) you provide.

Should any problem arise in the health or condition of your pet resulting from boarding in our facility, we will not be held liable or financially responsible for any care or treatment provided by another veterinarian. Hope Animal Clinic reserves the right to evaluate and treat any post-boarding health concerns you may have.

Signature of Owner/Responsible Party X _____

Contact Name and Phone Number # _____