

RIVER OAKS

Veterinary Clinic & Boarding Kennels

Boarding Admission Form

Owner's Name _____

Pet's Name _____

Date of check in _____

Date & Time of Pick-up _____

Special Instructions While Boarding

Own Food : _____

Kennel Diet: _____

How much: _____

How often: _____

Any medications ? (Please list and give to receptionist) : _____

Any personal Items left ? _____

(we cannot be responsible for any personal items left for boarding animals, please label clearly)

Would you like any of the following services performed while your pet is boarded?

*** Please initial to authorize ***

_____ Bath

_____ Nail Trim

_____ Microchip Implantation

_____ Ear Cleaning

_____ Fecal Test

_____ Anal Gland Expression

_____ HW Combo Test (dog)

_____ FeLV/FIV/HW (cat)

_____ Grooming

Examination by the veterinarian? (please explain) _____

*** I do _____ I do not _____ give River Oaks Veterinary Clinic permission to perform necessary treatment should any medical problems arise during my pet's stay. I understand that if an emergency arises, every reasonable effort will be made to contact me prior to treatment. If no permission is given, the pet will only be stabilized. In any event, I will be responsible for any charges incurred.

ANIMALS PICKED UP AFTER 1:00 PM WILL BE CHARGED FOR AN ADDITIONAL BOARDING DAY

Pets will be admitted and released during normal business hours only. Payment in full must be made prior to the release of your pet(s). The returned check fee is \$30.00.

I understand that if my pet is found to have fleas upon arrival, it will have a flea treatment applied at my expense.

Owner's Signature

Date

Primary Contact Name and Phone Number

Secondary Contact Name and Phone Number