



# Shirley Veterinary HOSPITAL

## BOARDING & BATH FORM

Insert sticker here

BOARDING or BATH DATES(S)

START: \_\_\_\_/\_\_\_\_/\_\_\_\_

END: \_\_\_\_/\_\_\_\_/\_\_\_\_

BOARDING LOCATION:

\_\_\_\_\_

DID YOU KNOW? IF YOU ARE BOARDING YOUR PET FOR 3 DAYS OR MORE, THEY WILL RECEIVE A COMPLEMENTARY BATH?

Not valid during Holiday(s) or Holiday Weekends

### FEEDING INSTRUCTIONS

DIET: \_\_\_\_\_

HOW MUCH: \_\_\_\_\_

HOW OFTEN: \_\_\_\_\_

TREATS: \_\_\_\_\_

HOW OFTEN: \_\_\_\_\_

### MEDICATIONS

NAME: \_\_\_\_\_

INSTRUCTIONS: \_\_\_\_\_

NAME: \_\_\_\_\_

INSTRUCTIONS: \_\_\_\_\_

### PERSONAL BELONGINGS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BATHING / GROOMING

OWN SHAMPOO: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATED BATH

YES NO

TO INSURE THE PROTECTION OF YOUR PET AND OTHERS, WE REQUIRE PROOF THAT ALL VACCINATIONS ARE UP-TO-DATE. IF PROOF IS NOT PROVIDED AT THE TIME OF BOARDING OR GROOMING, VACCINATIONS WILL BE DONE AT THE TIME OF BOARDING BY THE HOSPITAL. IF YOUR PET NEEDS ANY OF THE FOLLOWING REQUIREMENTS, PLEASE CHECK THEM BELOW.

**CANINE REQUIREMENTS:**  Rabies Vaccines  Distemper/Parvo. Vaccine  Kennel Cough Vaccine

Negative FPS  Other: \_\_\_\_\_

**FELINE REQUIREMENTS:**  Rabies Vaccine  FVRCP Vaccine  Feline Leukemia Vaccines

Negative FPS  Negative FeLV/FIV  Other: \_\_\_\_\_

ONE ADVANTAGE TO BOARDING AND GROOMING AT VETERINARY HOSPITALS IS, IF AN EMERGENCY ARISES, MEDICAL ATTENTION IS READILY AVAILABLE. IF YOUR PET BECOMES INJURED OR ILL, WE WILL CONTACT YOU IMMEDIATELY AND DISCUSS TREATMENT OPTIONS AND GIVE YOU AN ESTIMATE FOR ANY ADDITIONAL COSTS YOU MAY INCURR. HOWEVER, IF YOU CAN NOT BE REACHED, PLEASE INDICATE YOUR WISHES BELOW.

**Best Contact Number:** \_\_\_\_\_

\_\_\_ Perform whatever services the doctor deems necessary until someone can be reached

\_\_\_ I authorize up to \$\_\_\_\_\_.\_\_\_\_\_ in medical care until someone can be reached

\_\_\_ **DO NOT** administer any medical treatment until specific authorization is given.

I have read and understand this agreement. I fully intend to pick up my pet on the above specified date, or notify the hospital as soon as possible if dates/plans change. I understand that an extended stay will result in additional cost.

I understand that the hospital is not available for Sunday pick-ups. I understand and agree to leave a 75% Deposit for my pets stay.

Deposit Amount Due: \$ \_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_