

Boarding form

Owner's Name: _____ Pet's Name: _____

Owner's Number(s): _____

Emergency Contact: _____ Emergency #: _____
(In case owner can't be reached)

Personal Belongings:

_____.

Feeding instructions: OWN FOOD / HOSPITAL FOOD. Type: DRY / CANNED

Special Instructions: _____

Special Medications: YES / NO

Drug 1: _____ Dose: _____

Drug 2: _____ Dose: _____

Drug 3: _____ Dose: _____

All boarding charges are payable when picking up the animal for boarding. All pets must be picked up during regular office hours. Strongsville Animal Hospital agrees to exercise reasonable care, keep kennel premises sanitary and properly enclosed, feed pets properly and to keep animal on premises during their stay with us. I understand that after regular business hours there may not always be staff on premises.

Animal will be considered abandoned if not picked up within 10 days of arranged date and additional boarding fees will occur for pets left after their scheduled dates. Strongsville Animal Hospital may at its discretion sell, surrender, or euthanize any abandoned animal. Strongsville Animal Hospital will notify the owner no less than 10 days before action is taken.

_____ Please initial if you authorize attending veterinarian to treat any emergency medical condition at their discretion while my animal is boarding. I understand there may be additional fees for medical care.

Owner Signature: _____ Date: _____