

PET BOARDING FORM

Please print, read over, and select options you request for your pet(s) and bring this form when boarding your pets. Call ahead for reservations 728-7387****

Owners Name: _____ Contact Number: _____

Pet Names: _____

Date of Arrival: _____ Date of Pickup: _____

Would you like your pet(s) bathed or groomed on pickup day?

_____ Yes (Please allow time for your pet to be bathed/groomed the day of pickup)

_____ No

Vaccines are required for boarding:

- Dogs: Rabies, Distemper/Parvo Combo, and Kennel Cough
- Cats: Rabies, Distemper and Leukemia Combo

(Pets will need to have been vaccinated in the last 12 months (or 3 years for 3 year rabies) or we will administer these vaccines at arrival before boarding and add this to your boarding bill. We are not legally able to board pets without current vaccines.) Please provide records if your pet(s) been vaccinated elsewhere.

Please select a flea, tick, and/or mosquito control for your pet(s). All products will lasts for 30 days.

_____ Advantage: Topical flea control

_____ Frontline Plus: Topical flea and tick control

_____ Comfortis: Oral flea control

_____ Vectra 3D: Topical flea, tick and mosquito control

_____ NO flea or tick control needed.

(Pets that arrive with fleas and/or ticks will be given the appropriate treatment needed. This will be added to your boarding Bill.)

Speial Diet: _____ Health Problems: _____

_____ I authorize Grant Animal Clinic to treat any illness or condition until my return and will pay for those services

_____ I do not authorize any treatments.

Toys and Blankets: We provide blankets for all pets. If you bring yours, it will enter our laundry system and be hard to return. Every pet receives a clean blanket everyday.

Please let us know if your pet is not leash trained or is known to be an escape artist (fence climber!). **AGGRESSIVE PETS CANNOT BE BOARDED.**

I agree to the above terms and request this service for my pet(s). I also agree to pay for services in full at time of pickup.

Owners Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Medicated Boarding:

Name of Medication: _____

Dosage: _____

Frequency: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Name of Medication: _____

Dosage: _____

Frequency: _____

Name of Medication: _____

Dosage: _____

Frequency: _____