



Chisholm Ridge Pet Hospital Boarding Information

Owner _____
Last First Phone

Pet Names(s) _____

If not done here, date/location of last vaccinations _____
(Distemper combo & Rabies within the last 1-3 years for all pets, dogs also need Bordetella & Fecal within the last 12 months)

REQUIRED INFORMATION:

Date of pick up _____ Estimated time _____

Phone # we can reach you at _____ Cell Phone _____

Alternate Contact: Name _____ Phone _____

Pet(s) diet: CRPH provided? Y / N If no, brand: _____ Amount _____

Frequency of meals: () once a day () twice a day () food out all the time

Pet(s) on medications? Y / N Medication brought? Y / N **Last dose given _____ **

Name of drug _____ Amount _____ # / day _____

_____ Amount _____ # / day _____

Any allergies or reactions? Y / N If yes, describe _____

Toys/belongings? Y / N If yes, describe _____

We are not responsible for items damaged by your pet

SERVICES REQUESTED:

() Physical Exam + / - Vaccinations (describe) _____

() Flea Treatment (Frontline Spray)

() Bath () Toe Nail Trim

() VIP (Very Important Pet) Additional Exercise Time, \$4 per day

() Extra Cat Condo (as available) \$6 per day

Initial _____

All pets must have proof of current vaccinations and be free of external parasites. _____

If needed, an exam with vaccinations/treatment will be done at the owner's expense. _____

A cleansing bath may be given for a small fee if the pet soils itself while boarding. _____

In case of illness or injury, I the undersigned, do hereby give my consent for the doctors of Chisholm Ridge Pet Hospital to treat, prescribe for, and / or operate on my pet while being boarded at the hospital as necessary and desirable in the exercise of the veterinarian's professional judgment. You are to use all reasonable precautions against illness, injury, or escape, but you will not be held liable or responsible on account of the care, treatment, or safe keeping of my pet. _____

SIGNATURE _____ **DATE** _____