



Chisholm Ridge Pet Hospital Boarding Information

Owner _____
Last First Home Phone

Pet Name(s) _____

If not done here, date/location of last vaccinations _____
(Bordetella within last 6 months-Dogs; Distemper combo & Rabies within last 1-3 years-Dogs & Cats)

REQUIRED INFORMATION:

Date of pick up _____ Estimated time _____

Phone # we can reach you at _____ Cell phone _____

Alternate Contact: Name _____ Phone _____

Pet(s) diet: hospital brand Y / N If no, brand: _____ Amount _____

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

Pet(s) on medication? 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 LOST OR DAMAGED ITEMS)

SERVICES REQUESTED:

() PHYSICAL EXAM +/- VACCINATIONS (describe) _____

() FLEA TREATMENT (Capstar administration or Frontline Plus application)

() TOE NAIL TRIM () BATH

() VIP (VERY IMPORTANT PET) Additional Exercise Time, \$4 per day

() EXTRA CAT CONDO (as available) \$6 per day

***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 _____