

DOGWOOD ANIMAL HOSPITAL BOARDING RECORD FOR DOGS

Owner's Name: _____

Dog's Name: _____

I plan to board my dog(s) from _____ until _____

_____. I plan to pick up my dog(s) that (before 12:00 p.m./after 2:00 p.m.).

All dogs boarding here must have proof of current vaccinations including one for kennel cough. They also are required to have been given a physical examination within one year. If necessary, vaccinations and a complete physical (including heartworm and fecal check) will be provided at normal fees. External parasites will be treated at owners expense.

WE WILL NOT BE HELD RESPONSIBLE FOR ANY LOST OR DAMAGED ITEM(S) THAT ARE LEFT WITH YOUR DOG(S)!! including but not limited to: bowls, blankets, leashes/collars.

BATHS Dogs that board over three nights may receive baths and dips for half-price. Regular fees will be charged for dogs staying one or two nights.

I DO / DO NOT WANT MY DOG TO HAVE A BATH (If yes for bath please pickup after 2pm.)
(Please circle one)

PLEASE LIST ANY SHAMPOO OR DIPS THAT YOUR DOG MAY BE ALLERGIC TO:

PLEASE INDICATE ANY SPECIAL FEEDING OR CARE THAT YOUR DOG MAY REQUIRE:

Times per day _____ Amount _____ Own food? Yes ___ No ___ If yes, what brand? _____

MEDICATIONS	DOSAGE	TIMES GIVEN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I hereby authorize Dogwood Animal Hospital to perform the following procedures that are required before boarding.

- | | |
|---|--|
| <input type="checkbox"/> Rabies (3 yr) | <input type="checkbox"/> Physical exam |
| <input type="checkbox"/> DHPPV | <input type="checkbox"/> Heartworm check |
| <input type="checkbox"/> Rabies (1 yr) | <input type="checkbox"/> Fecal check |
| <input type="checkbox"/> Annual Health Screen | <input type="checkbox"/> Intratract II |
| <input type="checkbox"/> Other _____ | |

You will be charged a \$3.50/day additional medication fee for dogs that require frequent medication, or that need regular lab testing (A good example is a diabetic pet). Please feel free to consult the receptionist if you have any questions about costs.

I may be reached in case of emergency at: _____

If I am unavailable you may contact _____

at _____.

Who will be picking up your pet? _____

I fully understand the above, and I authorize Dogwood Animal Hospital to provide emergency treatment if needed:

Signature: _____

Date: _____