

KLAICH ANIMAL HOSPITAL LTD PET BOARDING

Thank you for entrusting us with your pet's care. Please take a moment to fill out this form to ensure the comfort and well-being of your pet while staying with us.

Client Name: _____

Date of admittance: _____

Pet Name: _____

Expected date of pick-up: _____

Contact number for you: _____

If you are unavailable, is there a friend or relative who may be contacted?

Name: _____ Phone #: _____

What food will your pet be eating during his/her stay?

***If your pet is on a special diet and should remain on it please bring enough for your pets stay.**

Kennel Food (Supplied by KAH) Food From Home (please note brand) _____

How much food: _____ How often: _____

All pets left for boarding must be current on all required vaccinations, or they will be given on admission at the owner's expense. Vaccines may not be fully effective if given upon admittance.

Required vaccinations are:

Canine

DAPP

Rabies

Bordetella

Feline

FVRCP

Rabies

Is your pet on any medication? No Yes, listed below (please bring medications)

Medication Name and Strength	How often are you giving this medication?	When was the last dose given?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any health concerns that you would like to have addressed with a veterinarian, or are there any additional procedures that you would like to have performed while your pet is staying at Klaich Animal Hospital?

Yes (please plan for additional time at drop off to discuss this with a doctor)

No

If your pet becomes ill during his/her stay prompt veterinary care is available. We will attempt to reach you via the number(s) provided. If we are unable to reach the you, appropriate diagnostics and treatment will be done unless otherwise noted below.

Yes, please do whatever is necessary.

Yes, please treat my animal but do not go above \$ _____

No, please do not treat my animal unless I am contacted

Owner signature: _____

Date: _____