



## Boarding Admission Form

**Owner Name**

**Admit Date**

**Leave Date**

**Pet Name**

**Client#**

**Emergency Contact Name and Number**

Name of others authorized to pick up your pet

Are there any particular things we should know about your pet (anxiety, allergies, fear aggression, pet aggressive)?

**Feeding Instructions:** Brand

Quantity

Frequency

Food restrictions

Last Feeding

Brand of Flea Treatment

Date Applied

**Medications** *(there is a medication fee of \$4/day)*

We will not give medication that is not identified. If eye or ear medication please specify which side or both is to be treated.

Medication

Dose

Frequency

Medication

Dose

Frequency

Medication

Dose

Frequency

**Proof of Vaccination is required:** If your pet is not current on core vaccines, they should be administered at least one week PRIOR to the date of boarding. This is to ensure the safety of your pets and others in the clinic. Even pets current on vaccines are at risk of infection. If your pet has evidence of fleas, they will be treated at the owner's expense.

**Required Vaccines**

Dogs: Distemper-Parvo combo, Bordetella (kennel cough), Rabies  
*(Lepto and monthly intestinal parasite prevention is recommended).*

Cats: FVRCP (Feline Distemper), Rabies.

*(Feline Leukemia and monthly intestinal parasite prevention is recommended)*

**Other services to be done while your pet is with us *(at additional expense)*:**

Express anal glands

Nail Trim

Bath

**In the unlikely event that your pet becomes ill or is injured, Mountain View Veterinary will provide care to stabilize your pet until we can reach you. You will be responsible for the medical costs associated with the care.**

Signature

Date