



## PET BOARDING ADMISSION FORM

*Please print legibly*

Admission Date: \_\_\_\_\_ Pick-Up Date: \_\_\_\_\_

Owner: \_\_\_\_\_ Pet(s) Boarding: \_\_\_\_\_

Phone number(s) where you can be reached while your pet is boarding with us: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### PET INFORMATION

What is your pet's current diet? \_\_\_\_\_

Is your pet currently taking any medications/supplements? Yes  No

If yes, what and how often? \_\_\_\_\_

List all items you brought with your pet (food, bedding, carrier, leash, etc.): \_\_\_\_\_

Would you like your pet to be given an oral probiotic while boarding to help prevent stress-induced gastrointestinal upset (additional \$1.00/day)? Yes  No

Is there anything else that needs to be checked or done for your pet while they are here boarding? (bath, dentistry, blood work, etc.) \_\_\_\_\_

I authorized my pet(s) to be discharged to the following person (if I am unable to personally pick up): \_\_\_\_\_

*Requirements for boarding: all animals must be current on all vaccines and free of external parasites (ex. ticks, fleas, etc.) or they will be treated at the owner's expense. WAYNE DALE ANIMAL CLINIC has my permission to do whatever is necessary should an emergency arise including but not limited to administration of a tranquilizer to facilitate treatment or handling of my pet. I understand that charges may be incurred for any additional services that are performed.*

*I HAVE READ THE BOARDING REQUIREMENTS AND UNDERSTAND THE HOSPITAL'S POLICIES.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hugh S. Glidewell, DVM**

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