

Boarding Admissions Form

Receptionist to fill out: Checked in by: _____

Date in: _____ Date out: _____

Weight in: _____lbs Weight out: _____lbs

Owners Name: _____ Phone Number: _____

Pet(s) Name: _____ Emergency Number: _____

Treatments/Vaccines needed: _____

Client to fill out:

Diet: Please feed my pet (circle one): Twice Daily Once daily Other: _____

___ Feed my pet kennel food (Royal Canin Gastrointestinal)

___ I brought my own food: Name of food _____ Quantity: _____

Medication	Size (mg, mL)	When to give	Last dose given

Bedding or Toys (we provide boarding animals with bedding):

___ No

___ Yes I brought _____

If your pet becomes too anxious, irritable, or stressed do you authorize MVC to provide a light sedative (circle one): Yes No

We are not responsible for any misplaced, damaged, or destroyed personal belongings that you bring with your pet(s). We are not responsible if your pet(s) ingests toys or bedding.

We will make every effort to contact you, but if your pet(s) develops a medical problem while staying with us, do you authorize us to perform the necessary treatments if we cannot speak with you.

Please sign below that you authorize MVC to perform the necessary treatments in case of emergency.

Signature: _____ Date: _____