



# BOARDING



Pick up \_\_\_\_\_ Suite # \_\_\_\_\_ Date \_\_\_\_\_

Animal's Name \_\_\_\_\_

Description of Pet \_\_\_\_\_

Owner's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

After checking our records, your pet needs the following vaccinations:

DHLPP Current: \_\_\_\_\_ or date/initial when given \_\_\_\_\_

Bordetella Current \_\_\_\_\_ or date/initial when given \_\_\_\_\_

Rabies Current \_\_\_\_\_ or date/initial when given \_\_\_\_\_

Feline 4 Current \_\_\_\_\_ or date/initial when given \_\_\_\_\_

Felv Current \_\_\_\_\_ or date/initial when given \_\_\_\_\_

Rabies Current \_\_\_\_\_ or date/initial when given \_\_\_\_\_

### SPECIAL INSTRUCTIONS:

\*\*\*\*Does your dog dig under or climb fences? Yes \_\_\_\_\_ No \_\_\_\_\_

Own Food: Yes/No Feeding Instructions \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Belongings \_\_\_\_\_

### EXTRAS: (Not including in the price of boarding)

Medications: \_\_\_\_\_

(For Staff Use Only): Please initial when medications are given:

AM: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

PM M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sa \_\_\_\_\_ Su \_\_\_\_\_

Bath: Yes/No Special Instructions \_\_\_\_\_

(Baths include: Ear Cleaning, Nail Trims, Brush out)

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## BOARDING AGREEMENT

Reasonable precautions will be used against injury, escape or death of your pet. Southside Veterinary Clinic, Dr. James Luoma DVM and staff will not be liable for problems that develop providing reasonable care is given and precautions are followed. I understand that any problem that develops with my pet will be treated as deemed necessary by Dr. Luoma and his staff. I assume full responsibility for the treatment expense involved.

Please sign: \_\_\_\_\_ Date \_\_\_\_\_  
Owner or Other Responsible Party

\_\_\_\_\_ has my permission to pick up my pet on \_\_\_\_\_  
Name Date