

Client Label

rDVM Label



Medical Boarding Admission Form

Emergency contact number: _____

Date and Time in: _____ am/pm **Date and Time out:** _____ am/pm

_____ My pet is up to date on vaccinations. Proof of vaccinations must be on file at the time of boarding.
initial

_____ Behavior Notes dog aggressive will bite painful
initial

cage aggressive chews toys/blankets other _____

Special services to be performed

_____ Canine Rehabilitation (cost varies based on service requested)
initial

_____ Other _____
initial

Prescription medications to be given

Medication 1: _____ Dose: _____ Last given: _____ Date/Time

Medication 2: _____ Dose: _____ Last given: _____ Date/Time

Medication 3: _____ Dose: _____ Last given: _____ Date/Time

List additional medications on back of form

Special Diet (must be provided by owner or in house maintenance diet will be given)

Personal Items

If your pet needs additional medical attention, we will try to reach you at the emergency number listed above. If we are unable to contact you, your pet will be treated as your specialist or the ER doctor present deems necessary, at normal hospital fees.

This is to certify that I have read and understand the medical boarding policies and information

SIGNATURE _____

DATE _____