

Pet's Name:		Breed:		Boarding from:	Boarding to:
Owner's Name(s)				Emergency #:	

MEDICAL ALERTS

FEEDING INFORMATION - please circle choices

Our kennel food - or - Pet's own food	How much should we feed your pet?	Once daily - or - Twice daily
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MEDICATION INFORMATION		date		date		date		date		date		date	
Medication	How often?												
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

SPECIAL INSTRUCTIONS

ADDITIONAL SERVICES REQUESTED

PERSONAL ITEMS BROUGHT WITH PET - Apple Valley Veterinary Clinic is not responsible for lost items.

Please circle: Tote Bag Leash Collar Bedding Toys Carrier Own Food Other:

Description(s):

DISCHARGE NOTES / INSTRUCTIONS

FLEA POLICY: All boarding pets must be free of fleas. If your pet has fleas they will be treated (topically or orally).

VACCINE POLICY: We require current vaccines: Dogs (Bord, DHPP, Rabies) & Cats: (FVRCP, Rabies).

MEDICAL ILLNESS POLICY: One of the advantages of boarding your pet at Apple Valley Veterinary Clinic is that veterinary care is readily available should the need arise. If your pet becomes ill, we will call the emergency number listed regarding your pet's symptoms and treatment options. If no one can be reached however, we will perform the services the veterinarian deems necessary for the best care of your pet until someone can be reached. This includes diagnostics, treatment, medication(s), prescription food.

ABANDONED PETS POLICY: Any pet left in our care 5 days past the dismissal date with no client notification is designated as an abandoned pet and will be placed with a rescue group, humane society, or in another home as deemed suitable by the clinic.

Apple Valley Veterinary Clinic is not responsible for lost or damaged items left with the pet to include but not limited to: collars, leashes, bowls, blankets, toys, bedding, etc.

I have read and understand the above Flea Policy, Vaccine Policy, Medical Illness Policy and Abandonment Policy.

I agree to pay for any additional fees necessary to be in accordance with the above policies.

Owner / Agent signature: _____ Date: _____