

BOARDING RECORD FOR DOGS

Owners' Name: _____

Dog's Name: _____

Emergency contact #: _____

Additional contact name: _____

Additional contact #: _____

Boarding Instructions:

After 3 nights of consecutive boarding, baths will be _ off.

* I would like my dog to have a **BATH** while boarding (please circle one). YES / NO

Special Hair/Skin Condition: _____ Itchy Skin _____ Dandruff _____ Oily Hair _____ Fleas

* My dog will need the following **MEDICATIONS** while boarding (the cost will be an additional \$1.50 per day):

<u>Medication:</u>	<u>How much/how many?</u>	<u>How often?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Which medications has your pet already had today? _____

Feeding Instructions (please check one):

I would like my pet to be fed a special diet which I have brought:

Name of Food: _____

How many cups/cans of food? _____ How often to feed? _____

I would like my pet to be fed the clinic provided CNM EN diet while boarding.

My pet will eat (please circle one): DRY FOOD / CANNED FOOD / MIXTURE OF BOTH

How many cups/cans of food? _____ How often to feed? _____

Will your pet need to be fed today?
_____ AM _____ PM

Additional instructions:
(Use back of page for more space)

Vaccinations:

My pet is due for the following procedures, and I authorize Gwinnett Animal Hospital to provide these while boarding:

- Annual exam
- Heartworm check
- Fecal exam for intestinal parasites
- Distemper / Parvo vaccine
- Distemper / Parvo titer (as requested or doctor recommended)
- Rabies vaccine 1 yr / 3 yr
- Kennel cough vaccine

Personal Items Brought:

I have brought the following items with my pet (please list all items individually).
Please put pet's name on items, but understand that these items are sometimes lost!

Signature: _____

Date: _____