## **Boarding Admission Form**

Client Name:			Patient:	
Phone Number:			Species:	
Emergency Contact:				Weight:
Arrival Date:				
Depart Date:				
All pets must be free of exte expense. All pets must be co	-		-	
Dogs: Rabies, DA2PP, Bordetella, Leptospirosis, Bivalent flu Cats: Rabies, FVRCP, FE				
Your pet is up to date or	all boarding v	vaccination requ	uireme	nts.
Your pet is due for the fo	ollowing:			
Wellness Exam	Fecal	HWT	DA2PP	
Leptospirosis	Bordetella	Rabies	Bivalent Flu	
FELV	FVRCP	Other		
My pet is not currently of	on any medicat	tions		
My pet receives the follo	owing medicat	ion(s):		
Medication	Do	Dose/Amount		Time Given (AM/PM)

If my pet becomes ill while boarding, please provide the following care:				
All diagnostics and treatment to be performed at the doctor's discretion				
Only supportive care to be administered until I or my emergency contact can be reached.				
Diet: Hospital Food Own Food Amount				
Exercise: Add Playtime (\$10.00 for 20 minutes) One a day (\$10) Two a day (\$20)				
Please list the dates of desired playtimes:				
Bath: **Price of grooming services are additional and not included in price of boarding**				
Regular Bath				
Deluxe Bath (Nails, Anal Glands, Ear Cleaning)				
☐ Grooming ☐ The day of pickup(must be a late pickup) ☐ The day before pickup				
TLC Services:  Daily Teeth Brushing (\$8)  Daily text or email updates (\$3)  Daily Coat Brushing (\$8)				
Belongings: Forest Crossing is not responsible for lost items or the exit condition of the item.				
Items belonging to pet:				
Owner Signature and Date:				