

Boarding

Date:_____

Pet's Name:_____

Owner's Name:_____

Name of Person bringing pet in (if different from above):_____

Anticipated Pick-Up Date:_____

BOARDING/PETS ADMITTED TO OUR FACILITY:

ALL DOGS BOARDING ARE REQUIRED TO BE CURRENT ON RABIES, DISTEMPER/PARVO, AND BORDETELLA (KENNEL COUGH). ALL CATS MUST HAVE FVRCP (FELINE DISTEMPER & RABIES). WITHOUT PROOF OF THESE VACCINES BEING CURRENT, WE WILL ADMINISTER AT YOUR EXPENSE.

Feeding Instructions:

Special Instructions:

Please check vaccines/ tests you would like for your pet to have:

Canine:

- ☐ Rabies ☐ Distemper/Parvo/Corona ☐ Bordetella ☐ Heartworm Exam
☐ Fecal ☐ Parasite Treatment

Feline:

- ☐ FVRCP ☐ Feline Leukemia

Do you wish for your pet to have a bath during their stay? ☐ YES ☐ NO

I hereby authorize the veterinarian to examine, prescribe for, and/or treat my pet should they deem it medically necessary while my pet is boarding. I assume responsibility for all charges for such services. Willow Bend Animal Clinic reserves the RIGHT TO BATHE PETS AND TREAT FOR FLEAS/TICKS/PARASITES AT OWNER'S EXPENSE if deemed necessary. For dogs staying over five nights a complimentary bath is provided.

Emergency Contact Number(s):_____

I plan to pay with: ☐ Cash ☐ Check ☐ Credit Card at the time of pick up.

If paying by any means other than cash please provide DL & SSN:

Driver's License Number:_____SSN:_____