



Boarding Form

We no longer accept blankets or beds as we will provide your pet with a soft blanket.
We are NOT responsible for any toys, carriers, leashes, or other items brought to AMC.

Pet's Name: _____

Boarding From: ____ / ____ / ____ Until: ____ / ____ / ____ Estimated Pick Up Time: ____ : ____ AM/PM

Current Medical Problems: _____

**If symptoms of kennel cough are present at arrival or during stay, treatment will be performed at owner's expense.

Medications (Name & Instructions): _____

**There will be an extra charge for administration of medication and supplements.

VACCINATIONS

****WE REQUIRE ALL VACCINATIONS TO BE CURRENT(prior to boarding)****

Please *circle* and *initial* all vaccinations that are needed to be given:

DOGS:	Rabies _____	CATS:	FVRCP _____
	Distemper _____		FELV _____
	Parvo _____		Rabies _____
	Bordetella _____		FIP (recommended) _____
	Influenza (H3N8/H3N2) recommended _____		

Did owner bring personal food? YES NO We feed 2 times a day unless indicated by owner.

Feeding Instructions: _____

** We provide sensitive stomach food. If your pet requires a special diet you can purchase it upon check in**

CARRIER

Did owner bring carrier? YES NO If YES, Description: _____

GROOMING

Does pet need a bath? YES NO (Baths are done on the day of pick up)

**If your pet is infested with fleas at arrival, a flea bath will be provided at owner's expense.

If Yes, which bath?	Regular	Medicated	Flea/Tick
Any dematting/brushing?	YES NO		**\$10.00 per 15 minutes**

INFORMED CONSENT

IF YOUR PET REQUIRES ATTENTION WHILE BOARDING, DO WE HAVE YOUR PERMISSION AND CONSENT TO PROVIDE ANY AND ALL TREATMENTS THAT MAY BE NEEDED?

YES _____ NO _____
initial initial

Owner's Signature: _____

Date: _____

Print Name: _____

Phone #: _____

Emergency Contact Person: _____

Emergency Contact #: _____