



Boarding Admission Form

Owner's Name: _____
 Address: _____ City/State: _____ Zip: _____
 Home #: _____ Cell #: _____
 Emergency Contact: _____ Emergency #: (____) _____ - _____

Pet's Name: _____
 Species: _____ Sex: _____ Breed: _____ Color: _____

Feeding Info

Last Fed: _____ Will your pet be eating our food (Y/N): _____
 If supplying own food please note type/name: _____
 How Much: _____ How Often: _____

Medications

Medication Name	Instructions	Last Given

While boarding at Millwood Animal Hospital would you like an additional services performed on your pet (please check all the apply)

Physical Exam () Bath:regular () Bath: medicated ()
 Vaccinations () Heartworm Test () Fecal exam ()
 Nail Trim () Extra walks ()
 Other _____

***In the event that my pet becomes injured or ill while boarding I authorize the hospital to provide whatever treatment is necessary for my pet.**

***If sedation is necessary for treatment or handling, I give my consent to the hospital staff to administer such medications.**

***If my pet is admitted as a medicated boarder, I authorize the hospital staff to administer medications prescribed by the doctors. I understand that if the medication runs out while boarding it will be refilled by the hospital, at the prescribed cost.**

***I understand that the payment for services rendered is due upon discharge of my pet(s).**

Signature _____

Date _____