

BOARDING INSTRUCTION FORM

Stonecreek Animal Hospital
4178 Barranca Parkway
Irvine, Ca 92604
949-726-1800

Owner's Name: _____ **Patient's Name:** _____

Owner Contact Number: _____

Boarding from: _____ **to** _____ **Pick-up Time:** _____

Bath: () YES () NO (*Bath done at additional charge*)

Items leaving with pet: Collar () Leash () Other: _____

We will do our best to take reasonable care of any items left with your pet but we are not responsible for them

Own Food: () **In-house Food:** ()

Feeding Directions: _____ cups/cans _____ a day.

Other special feeding instructions: _____

Medications: (Medication per day charge will apply)

Medication: _____ Day last given: _____ Time last given: _____

Instructions: _____

Medication: _____ Day last given: _____ Time last given: _____

Instructions: _____

Medication: _____ Day last given: _____ Time last given: _____

Instructions: _____

Medication: _____ Day last given: _____ Time last given: _____

Instructions: _____

While your pet is vacationing at Stonecreek Animal Hospital, please have the doctor check the following:

Other Special Instructions: _____ *Please administer treatment ()*
_____ *Please call first ()*

I am aware that Stonecreek Animal Hospital does *not* have staff on premises overnight: _____

Emergency Contact Numbers:

1. _____ Phone: _____

2. _____ Phone: _____

All animals must be up-to-date on vaccines and free of external parasites or they will be treated at the owner's expense. For first time boarders, an exam will need to be up to date.

I authorize Stonecreek Animal Hospital to administer appropriate emergency care at the discretion of the veterinarian if necessary, and I will assume full financial responsibility. Please be advised that there is no staff in attendance overnight.

Signed _____ **Date** _____

