

BOARDING INSTRUCTION FORM

Stonecreek Animal Hospital

OWNER: _____ **PATIENT:** _____

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

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

Owner Contact Number: _____

Items brought: _____
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: _____

Medications:
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:

_____ *Please administer treatment ()*

_____ *Please call first ()*

Other Special Instructions:

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.

I authorize Stonecreek Animal Hospital to administer appropriate emergency care, if necessary, and I will assume full financial responsibility.

Signed _____ *Date* _____

