



# Boarding Instructions

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Clients Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Other: \_\_\_\_\_

Items brought by owner: \_\_\_\_\_

\_\_\_\_\_

FOOD: \_\_\_\_\_ Has own food \_\_\_\_\_ Use Clinic Food \_\_\_\_\_ Free Feed

Feeding Instructions: \_\_\_\_\_

## BEHAVIOR AND / OR ROUTINES:

\_\_\_\_\_ Good nature/friendly \_\_\_\_\_ Use Caution \_\_\_\_\_ Warning/will bite

\_\_\_\_\_ other behavior

MEDICATIONS: \_\_\_\_\_ None

\_\_\_\_\_ Medication \_\_\_\_\_ Medication Instructions

\_\_\_\_\_ Medication \_\_\_\_\_ Medication Instructions

\_\_\_\_\_ Medication \_\_\_\_\_ Medication Instructions

I hereby authorize that I am the owner of the above named animal(s) or I am responsible for the above-mentioned animal and have authority to execute this consent.

I hereby authorize any medical treatment the veterinarian on duty see needed while my pet is in WRVC care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Responsible Person

Pet checked in by: \_\_\_\_\_

Pet taken to kennel by: \_\_\_\_\_