



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: _____