



Elizabethtown Veterinary Hospital Boarding Registration

Reservation dates from _____ to _____

Client's name _____ Pet's name _____

Client account number _____ Breed _____

Gender: Male Female Spayed or neutered? yes no

Toys or personal belongings _____

Does your pet have any behavioral or medical problems we should be aware of? _____

Emergency contact _____ Emergency phone (_____) _____

Diet

- Science Diet
- Therapeutic diet _____
- Own food _____

Feeding Schedule:

- Amount to be fed _____
- Twice daily (AM/PM)
- Once daily
- Other _____
- Did your dog eat today before arriving? yes no

Vaccinations

- Proof of current vaccinations from Elizabethtown Veterinary Hospital
 - Proof of current vaccinations from another hospital _____
- Date of vaccinations: Rabies _____ DA2PP+CV _____ Bordetella _____

For your pet's protection, all vaccines must be current. We require written proof or phone confirmation from your referring veterinarian of vaccinations, including Rabies, DA2P, and Bordetella, for all dogs and FVRCP and Rabies for all cats that board. If you are unable to provide proof of these vaccinations, our doctor will provide a comprehensive physical exam and appropriate vaccines, **which are your financial obligation.** (Please note that many vaccines do not take affect for 10-14 days, so be sure your pet(s) is vaccinated before boarding for optimal wellness.)

Your pet(s) must be free of internal and external parasites, including fleas and ticks. **If not, we will treat your pet(s) at your expense.** I agree to and understand this policy.

IMPORTANT: If my pet(s) has/have a serious illness or injury, and in the event such illness or injury becomes critical during my absence, I want the doctor(s) and medical team of EVH to: Resuscitate my pet Do not resuscitate my pet

Owner's signature _____
Checked in by (HSR initials) _____

Date _____