



DVC Boarding Form

Admission Date: _____

Discharge Date: _____

Owner's Name: _____

Emergency Phone #: _____

Email: _____

Articles left: _____

(DVC is not responsible for any articles left with pet)

Pet's Name & Description of Pet:

To Board with pet: (Name)

For your pets protection the following must be current: **Rabies, FVRCP, FeLV/FIV Test, annual physical exam and free of fleas.**

While my pet is boarding, please perform the following: <i>(additional fees apply)</i>		
<input type="checkbox"/> Annual Physical	<input type="checkbox"/> Fecal Test	<input type="checkbox"/> Nail Trim
<input type="checkbox"/> FVRCP Vaccination	<input type="checkbox"/> FeLV/FIV Test	<input type="checkbox"/> Ear Cleaning
<input type="checkbox"/> Rabies Vaccination	<input type="checkbox"/> Bloodwork: _____	<input type="checkbox"/> Anal Gland Expression
<input type="checkbox"/> Feline Leukemia Vaccination	<input type="checkbox"/> Bath	<input type="checkbox"/> Flea Treatment

Medication:	Amount	How Often	Date & Time Last Given
1.			
2.			
3.			
4.			
5.			

Food while boarding:

	Food Type	Amount	How Often	Owner Provided
Dry				Y / N
Canned				Y / N

****Prescription diets: Fees apply if not provided by owner****

Other instructions or treats to be given: _____

In case of an emergency or an urgent medical problem involving my pet, every effort will be made to contact me.

However, if I cannot be reached, I do give consent for treatment. _____ (initials)

Hospital may refill any medications that have run out. _____ (initials)

Signature: _____ Date: _____ DVC Witness: _____