

West Bearden Veterinary Hospital
Boarding

Pet's Name _____ Date _____

Owner's Name _____ Contact # _____

Date of Pick up _____

**Please include any and all information about your pet of which we should be aware*

Feeding instructions: _____ once daily / twice daily

Medications & instructions: _____

Pet's belongings: Bed: _____ Toys: _____ Food: _____ Other: _____

**Items that are left and not picked up after two weeks will be donated to the shelter.*

Desired Services While Boarding	
<input type="checkbox"/> bath prior to pick up	<input type="checkbox"/> pedicure <input type="checkbox"/> anal gland expression
<input type="checkbox"/> I would like to have the Doctor examine/evaluate the following: _____	

<i>*These services are provided at an additional cost and you will be charged accordingly.</i>	

I understand that my pet must be current on all vaccinations prior to boarding. If proof is not presented at the time of boarding, the required vaccinations will be given along with a physical exam, and I will be charged for these services.

X _____

*I authorize West Bearden Veterinary Hospital to treat my pet if necessary while boarding

X _____

For Hospital Use Only					
1901	K-9 < 30lb	2000	Bath K-9 <30	1921	Day Care
1902	K-9 31-60lb	2001	Bath K-9 31-60	1925	Med boarder
1903	K-9 61-80lb	2002	Bath K-9 61-80	2010	Med bath
1904	K-9 81-100lb	2003	Bath K-9 81-100	482	Fecal Exam
1905	K-9 >100lb	2004	Bath K-9 >100	250	Pedicure
1907	Feline Boarding	2005	Bath Feline	Bday	Birthday bath
Notes: _____			Stored \$ _____	By: _____	