BOARDING RECORDS

DATE	EXPECTED DISCHARGE DATE						
OWNER'S NAME	PHON	PHONE #					
ABOUT YOUR PET							
PET NAME	SEX	AGE					
LIST ANY CURRENT HEALTH PROBLEMS/CONCER	RNS						
LIST ALL MEDICATIONS AND SPECIFIC INSTRUCT							
LIST ALL BELONGINGS (BLANKETS, TOYS, ETC.)							
HAVE YOU SUPPLIED YOUR OWN FOOD?							
HOW MANY TIMES A DAY DO YOU FEED YOUR PE	T?	_ AMOUNT?					
DOES YOUR PET HAVE ANY ALLERGIES OR FOOD	RESTRICTIONS?						
SELECT ADDITIONAL SERVICES							
BATH (SMALL - \$20 MEDIUM - \$30 LARGE - \$40)	YESNO						
BATH (\$10) YES NO							
Should your pet become ill during it's stay, and th do you direct the veterinarian to render whatever (Owner is responsible to cover all costs.)		t you,	YES NO				
EMERGENCY CONTACT NAME	PH	10NE #					
OWNER/GUARDIAN SIGNATUR	RE						



VACCINATION WAIVER

If your animal's vaccin	ations are not o	current this	waiver	relieves	Westlo	ck Veteri	nary Cent	ter from responsibility in the	
event that	DOGS Distemper Parvo Kennel Cough	nes in cont	act with	1 the foll	owing o	r other c	Pan Rhir	s diseases while hospitalized: CATS Ileukopenia notracheitis Calici ne Leukemia	
IF VACCINATIONS ARE NOT CURRENT WOULD YOU LIKE US TO ADMINISTER WHATEVER VACCINES ARE NECESSARY?							ER	☐ YES ☐ NO	
BOARDING PATIENTS MAY BE KENNELED BESIDE OR IN THE SAME VICINITY AS HOSPITALIZED PATIENTS. DATE OWNER/GUARDIAN SIGNATURE									
			FOF	R CLIN	IC USI	 E			
DATE	EATING AM PM	DRINK			INE PM	STC	PM	COMMENTS	
		1							
		+ +							
If bath, BATH NAIL TRIM						NES		when completed.	

