

IN: / /	Pet's Name:	Color:	Gender: Spayed/Neutered:
Out: / /		Breed:	Species:
Owner's Name:	Home Address:		Home: Cell:

Veterinary Services			
<input type="checkbox"/> Exam:	<input type="checkbox"/> Surgery:	<input type="text" value="(Client Initials)"/>	
<input type="checkbox"/> Vaccinations:	<input type="checkbox"/> Intestinal Parasite Screen		

Pet Medication	
<i>(Please list and give instructions)</i>	
(# of Medications)	<input type="text"/>

Grooming Services				
<input type="checkbox"/> Boarding Special (Bath, Nail Trim, Brush out)	<input type="checkbox"/> Nail Trim (Only)	<input type="checkbox"/> Anal Gland Expression	Date of Bath: / /	<input type="checkbox"/> AM <input type="checkbox"/> PM

Pet Diet	
<input type="checkbox"/> GVH Provided Food <i>Science Diet Sensitive Stomach</i>	<input type="checkbox"/> Client Provided Food: _____ <i>(Please Describe: Wet, Dry, Container, individual portions, etc.)</i>

(Feeding Instructions)

Group Play (Dogs only)		
<i>If and when possible, dogs may be given the opportunity to join a play group for socialization. Completing the following information will allow the kennel technician(s) to place your dog in the play yard for group play with appropriate size, weight, and like-mannered dogs. If you do not complete the following, your pet will not be authorized to enjoy group play.</i>		
<input type="checkbox"/> I authorize my dog to participate in group play.	<input type="checkbox"/> I authorize my dog to participate in group play only with family members.	<input type="checkbox"/> I do NOT authorize my dog to participate in group play.

Comments:

Emergency Information	
<i>One of the advantages of boarding your pet at a veterinary hospital is that veterinary attention is readily available should the need arise. If your pet becomes ill, we will call the phone numbers listed above. In the event you cannot be reached GVH staff will then call the emergency number(s) listed below regarding your pet's condition. If no one can be reached please indicate your wishes should your pet require treatment to relieve immediate discomfort or to resolve an important medical condition.</i>	
<input type="checkbox"/> Perform the treatment(s) the doctor deems necessary until I can be contacted: →	Treatment NOT to exceed: \$ _____ (until verbal approval by owner)
<input type="checkbox"/> Do NOT administer any medical treatment until specific authorization is given.	
Contact #1: _____	<input type="text" value="(Please write any additional info or instructions here)"/>
Contact #2: _____ <i>(Name) (Phone)</i>	

Signature of Owner: _____ Date: _____

IN: / /	Pet's First & Last Name:	Color:	Gender: Spayed/Neutered?
Out: / /		Breed:	Species:

OFFICE USE BELOW

YES Veterinary Services	NO	YES Medication(s)	NO	YES Grooming Services	NO	G	F	I
						Group Play		

Boarding Exam:	Fleas				Hot Spots			Coughing			E/N Discharge		Weight			
Date	Meds		Appetite		BM			UR			# of Walks	Comments:				Staff Initials
	AM	PM	AM	PM	AM	Mid	PM	AM	Mid	PM						
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OFFICE USE ABOVE

Pets Belongings					
<i>(Check all that apply and describe)</i>					
<input type="checkbox"/> Collar:	<input type="checkbox"/> Leash:	<input type="checkbox"/> Harness:	<input type="checkbox"/> Crate:	<input type="checkbox"/> Carrier:	
<input type="checkbox"/> Toys:			<input type="checkbox"/> Treats:		
<input type="checkbox"/> Bedding:			<input type="checkbox"/> Other Items:		

Additional Requested Services		(Quantity)	<input type="text"/>
1)			
2)			
3)			

(Client Initials)