Boarding Admission Form

Admission by:	Date o	of Admission:		_ Expected Discharge Date:	
Contact name: (If not o	owner)				
Contact phone numbe	r/Emergency Phone nun	nber:			
				2PPV, and Bordetella (kennel cough). Cats req ndale Veterinary Clinic determines and the cos	
2. If parasites are four treatments will be add		stay, they will be tr	eated as Carb	ondale Veterinary Clinic determines, and the co	st of the
3. If the pet must be so added to the total bill.	eparated from the genera	al population and p	out in quarantir	ne, added charges for quarantine procedures w	ill be
4. If the pet is found to	be aggressive and dang	gerous to the staff	or other anima	ls, all additional charges will be added to the to	tal bill.
5. If the pet is to picke	d up by someone other t	han the owner, ar	angements m	ust be made with the veterinary clinic regarding	the bill.
Agent:					
	autions will be used to pr hat may cause injury and		scape of the p	et. Carbondale Veterinary Clinic is not responsi	ble for
	dispose of the pet(s) as			considered abandoned. Carbondale Veterinary nasia (putting to sleep). I understand I will still b	
	Science Diet food here as o be fed. If your instruction			your pet. If you brought your own food, please write that.	specify
Own Food: _	n Food:		(once daily) (twice daily) (three times daily)		
MEDICATION: Ple	ase list the medication(s) and how it is give	en (ex. In the m	norning, twice daily, with food, in eye, etc.)	
EVTDA: I brought the	following for my not(a):				
	following for my pet(s):				
Bowl(s)	Blanket(s)	Leash C	crate(s)	Toy(s)	
laundry. We do supply	our blankets and bowls If you do leave them, C	for all our boardin	g patients as w	your pet may destroy them or they may get lost yell so if your items are important to you we recigents, servants, or representatives, are not res	ommend
Signature:		Date:			