

Boarding Instructions

Arrival date _____ Departure date _____

Pet's Name _____

Breed _____ Color _____

Clients Name _____ Phone _____

Emergency Contact Person _____

Emergency Number _____ Other _____

Items brought by owner _____

FOOD _____ Has own food _____ Use Clinic Food _____ Free Feed

Feeding Instructions: _____

BEHAVIOR AND/OR ROUTINES:

_____ Good nature/friendly _____ Use Caution _____ Warning/will bite

_____ other behavior

MEDICATIONS: _____ None

_____ Medication _____ Medication Instructions

_____ Medication _____ Medication Instructions

_____ Medication _____ Medication Instructions

I hereby authorize that I am the owner of the above named animal(s) or I am responsible for the above-mentioned animal and have authority to execute this consent.

I hereby authorize any medical treatment the veterinarian on duty see needed while my pet is in WRVC care.

_____ **Signature** _____ **Date**

Owner/Responsible Person

Pet checked in by _____

Pet taken to kennel by _____