

# Grass Lake Animal Hospital Dog Boarding Reservation

Client: \_\_\_\_\_ Pet: \_\_\_\_\_

Dates of reservation: \_\_\_\_\_

Services requested/due: \_\_\_\_\_

Diet: In House Science Diet Dry \_\_\_\_\_ Own Food \_\_\_\_\_

Playtime? \_\_\_\_\_ Amount fed during each meal? \_\_\_\_\_ How many meals a day? \_\_\_\_\_

Medications:	Name	Dosage	Frequency
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\*1. \_\_\_\_\_

\*2. \_\_\_\_\_

\*3. \_\_\_\_\_

\*4. \_\_\_\_\_

*\*additional charges will apply*

Special Care Instructions or additional medications:

**Overnight care is provided at the discretion of the attending veterinarian. If you desire 24-hour care, please let us know so that we can direct you to the appropriate facility.** Initials \_\_\_\_\_

**Pets found to have external or internal parasites while boarding will be treated at the pet owner's expense.** Initials \_\_\_\_\_

If your pet should become ill while boarding, the doctor on call will be alerted and treatment will be provided if we notice anything amiss. **We will do our best to contact you but will proceed with whatever is deemed necessary for diagnosis or treatment; this will be provided at the pet owner's expense.** Initials \_\_\_\_\_

**Would you like your pet to benefit from an adaptil collar while in our boarding facility for a more relaxing stay?** (circle one) Yes / NO. Initials \_\_\_\_\_

**If you leave items, we cannot be held responsible for any damage or loss to them.**  
Items brought with pet: \_\_\_\_\_

**Emergency phone numbers/alternate contacts** \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Office Use:**

Liability Release Form signed? \_\_\_\_\_ Estimate signed? \_\_\_\_\_ Flow sheet: \_\_\_\_\_

Current Heartworm preventative? \_\_\_\_\_

Due Date: Rabies \_\_\_\_\_ Dis \_\_\_\_\_ Lepto \_\_\_\_\_ Bord \_\_\_\_\_ Fecal \_\_\_\_\_ HWK \_\_\_\_\_ Lyme \_\_\_\_\_

WEIGHT: \_\_\_\_\_ Weight in Computer & Chart: \_\_\_\_\_ Check in computer: \_\_\_\_\_ Capstar: \_\_\_\_\_

Exam in past 6mo? Y N If no, EXAMC: \_\_\_\_\_