

**Patient Information**

**Pet's Name:** \_\_\_\_\_

**Current Veterinarian:** \_\_\_\_\_ **Phone :**(\_\_\_\_)\_\_\_\_\_

**Vaccinations Needed:** Wellness-DHPP Bord Wellness-PRC FELV Rabies HWT FELV Test

**Grooming Needs:**

- Bath \$\_\_\_\_\_ (includes nail trim and brush out).
- De-shedding \$\_\_\_\_\_ (includes bath, brush, blow dry and nail trim).
- Clean-up trim \$\_\_\_\_\_
- Feet trim \$\_\_\_\_\_

**Leashes/Carrier/Toys** \_\_\_\_\_

**Food** \_\_\_\_\_ :

**Blankets** \_\_\_\_\_ :

**Medications** \_\_\_\_\_ :

**WE HAVE A \$15.00 WEEK-END/DROP-OFF/ PK UP FEE FOR SAT & SUN FOR ROUTINE EXAMS –A \$15.00 FEE WILL BE ADDED FOR DROP-OFF**

*We have no staff on the premises during periods of time when the clinic is closed!*

**Mon – Fri:** 7:30am-6pm **Sat:** 8am –1pm **Sun:** Closed

**After hour pick up times:** **Sat:** 5pm **Sun:** 8am & 5pm

*I plan on picking up my pet:* **Date:** \_\_\_\_\_ **Approx. Time:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Professional fees are due at the time services are rendered!!**

**IMPORTANT!!**

**For your pet's protection we require current vaccinations. If we have no valid record of vaccinations or the vaccinations are over due we will vaccinate your pet.**

# Boarding Log

**Pet:** \_\_\_\_\_ **Admitted Date:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Breed/Color:** \_\_\_\_\_ **Pick up date** \_\_\_\_\_ am/pm

**Owner's Name:** \_\_\_\_\_ **Cell:** ( ) \_\_\_\_\_

**Alternative number:** ( ) \_\_\_\_\_

Date	Food	Thirst	Bowels	Urine	Who Walked
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm
		/			7Am 11Am 4Pm

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This form should always be with Patients file!**

