



Boarding Admission

Owner _____ Pet _____

Estimated Check Out (Date/Time) _____

Food (Brand/Type/Special Diet) _____

Amount and Frequency _____

Next Meal Time _____

List All Personal Items (BIAH is not responsible for any lost or damaged items) _____

Medical:

Medication Name	Strength	Dose	Frequency
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1. _____ mg Give _____ tab / cap/ mL (AM/PM) once, twice, three times daily

Next dose due _____

2. _____ mg Give _____ tab / cap/ mL (AM/PM) once, twice, three times daily

Next dose due _____

3. _____ mg Give _____ tab / cap/ mL (AM/PM) once, twice, three times daily

Next dose due _____

4. _____ mg Give _____ tab / cap/ mL (AM/PM) once, twice, three times daily

Next dose due _____

Special Instructions _____

Do we have permission to treat your pet if they become ill? _____

If not, we will attempt to call before treatment; however, life-threatening conditions will be treated immediately.

Boarding Agreement:

I understand pets must have current vaccinations (Canine - RV,DHPP,KCV,CIV, and Fecal Test or Feline - RV, FVRCP). Proof of vaccinations must be presented within 24 hours of check-in or they will be given. Pets will receive a Capstar upon arrival (a medication that instantly kills fleas). All dogs boarding more than 1 night are required to have a bath before going home. Owners are responsible for all medical and grooming services. Full payment is expected at time of discharge. **PLEASE BE ADVISED THAT ALL MEDICATIONS MUST BE IN THE ORIGINAL BOTTLE/PACKAGING WITH A PRESCRIPTION LABEL ATTACHED.** There is a minimal fee for the administration of medication.

Signature _____

Emergency Contact Numbers _____