

## DOGWOOD ANIMAL HOSPITAL BOARDING RECORD FOR DOGS

Owner's Name: \_\_\_\_\_

Dog's Name: \_\_\_\_\_

I plan to board my dog(s) from \_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_\_ I plan to pick up my dog(s) that ( before 12:00 p.m/after 2:00 p.m. ).

All dogs boarding here must have proof of current vaccinations including one for kennel cough. They also are required to have been given a physical examination within one year. If necessary, vaccinations and a complete physical (including heartworm and fecal check) will be provided at normal fees. External parasites will be treated at owners expense.

**WE WILL NOT BE HELD RESPONSIBLE FOR ANY LOST OR DAMAGED ITEM(S) THAT ARE LEFT WITH YOUR DOG(S)!! including but not limited to: bowls, blankets, leashes/collars.**

**BATHS** Dogs that board over three nights may receive baths and dips for half-price. Regular fees will be charged for dogs staying one or two nights.

I DO / DO NOT WANT MY DOG TO HAVE A BATH (If yes for bath please pickup after 2pm.)  
(Please circle one)

**PLEASE LIST ANY SHAMPOO OR DIPS THAT YOUR DOG MAY BE ALLERGIC TO:**

**PLEASE INDICATE ANY SPECIAL FEEDING OR CARE THAT YOUR DOG MAY REQUIRE:**

Times per day \_\_\_\_\_ Amount \_\_\_\_\_ Own food? Yes \_\_\_ No \_\_\_ If yes, what brand? \_\_\_\_\_

MEDICATIONS	DOSAGE	TIMES GIVEN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I hereby authorize Dogwood Animal Hospital to perform the following procedures that are required before boarding.

- |   |  |
|---|--|
| <input type="checkbox"/> Rabies (3 yr)        | <input type="checkbox"/> Physical exam   |
| <input type="checkbox"/> DHPPV                | <input type="checkbox"/> Heartworm check |
| <input type="checkbox"/> Rabies (1 yr)        | <input type="checkbox"/> Fecal check     |
| <input type="checkbox"/> Annual Health Screen | <input type="checkbox"/> Intratract II   |
| <input type="checkbox"/> Other _____          |  |

You will be charged a \$3.50/day additional medication fee for dogs that require frequent medication, or that need regular lab testing (A good example is a diabetic pet). Please feel free to consult the receptionist if you have any questions about costs.

I may be reached in case of emergency at: \_\_\_\_\_

If I am unavailable you may contact \_\_\_\_\_

at \_\_\_\_\_

Who will be picking up your pet? \_\_\_\_\_

I fully understand the above, and I authorize **Dogwood Animal Hospital** to provide emergency treatment if needed:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_