



# Boarding Form

Client name: \_\_\_\_\_ Phone #:(\_\_\_\_) \_\_\_\_\_ Alt# \_\_\_\_\_

Email address if you are not available via phone \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_

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Date of when pet will picked up: \_\_\_\_/\_\_\_\_/\_\_\_\_ AM / PM (please note that if your pet is not picked up by noon on the day of pick-up there will be a charge for that day)

Name of facility where vaccines given if not here. \_\_\_\_\_

## Feeding instructions

\*Own food: Y / N      \* How many times a day: once / twice      \*Amount \_\_\_\_\_

***If your pet does not eat while under C.C.A.H. care and we are unable to get a hold of you, we will not put the patient's health in jeopardy and will provide treatment. There will be additional charges that will be your responsibility at pick up.***

## Personal Items

Please list all items that are being left with your pet so they will go home with them. Note that blanket or towels will be tagged with name with a marker.

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## Additional Services

Bath	Nail Trim
Dremel	Anal Gland expression
Vaccines/Annual	

***If there is evidence of fleas we will administer a Capstar that will get rid of them at an additional cost up to \$ 8.50. If pet is positive for parasites, patient must be treating while boarding.***

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date