

Boarding Admission Form

Boarding dates: _____ **to** _____

Client information

Name: _____

Last

First

Home Phone: _____ **Cell Phone:** _____

Person Picking Up Pet: _____

Emergency Contact Person(s) authorized to make decisions regarding your pets care if you are unreachable

Name: _____

Last

First

Home Phone: _____ **Cell Phone:** _____

Pet information

Pets Name: _____ **Breed:** _____ **Age:** _____

Vaccinations

Canine guests are required to be current with their DAPP, Rabies, and Bordetella vaccines. Feline guests are required to be current with their FVRCP and Rabies vaccines. If your pet has received these vaccines from another facility, you must provide records to verify these vaccines are current. If any vaccinations are past due, your pet will be required to be vaccinated at time of boarding for their protection.

- My pet's vaccines are current and on record at IGHAH
- My pet's vaccines are current and I will supply the records from another veterinary clinic
- My pet needs to have the following vaccines updated _____

Medications

- No medications needed
- Need refill of medication (list) _____
- Brought own medications (list drug name, last time given, next dose needed) _____

Feeding Instructions

- Hospital Diet (We use Science Diet Maintenance dry food)
- Own Food (List brand and canned or dry food) _____
- Frequency and quantities per feeding: _____



Inver Grove Heights Animal Hospital
7131 Cahill Avenue
Inver Grove Heights, MN 55076
Phone: (651)451-4404
Fax: (651).451-4879
www.ighvet.com

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Personal Belongings

We provide your pet with blankets for their comfort. If you wish to bring items from home, please label them clearly. _____

Additional Boarding Instructions: _____

Emergency Treatment

IGHAH is committed to the health and well-being of your pet. Should your pet become ill during its stay with us, we will try to the best of our ability to contact you or your representative. If we are unable to reach any of these parties, we will provide medical treatment and diagnostics as deemed necessary by the attending veterinarian.

I will assume financial responsibility for all charges incurred during time of boarding and I agree to pay these charges at the time of discharge of boarded pet.

Signature of Client responsible for pets: _____

Date: _____



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