

Frequent boarder admission form

Client name: _____

Pet name: _____

Date to begin boarding _____

Date and estimated time of pickup _____

Phone number where you can be reached during boarding _____

Emergency contact phone number _____

Special items left with your pet _____

Diet (what is fed, how much per meal and how often?) _____

Medications (name of medication, dose and frequency) _____

Please check any of the following services that you would like done while your pet is boarding

Nail trim _____ Express anal glands _____ Grooming (must be prescheduled) _____

Bath and brush (base price is \$20) _____ Microchipping _____

- ☐ I authorize Gilmer Park Animal Clinic (GPAC) to treat my pet if it should become ill, and I do not hold GPAC responsible for any illness that occurs while boarding.

Signed: _____ date: _____

For OFFICE use only:

Dates boarded _____ bath _____ groom _____

Kennel size _____ with meds _____ with insulin _____

Pet condition at admit _____ flea check _____