



# Medical Boarding Admission Form

Client's Name:  Pet's Name:

Drop off Date:  Pick up Date:

Owner's Phone:  Owner's Alt. Contact Phone:

Owner's E-mail:

Emergency Contact Name:  Phone:

## FEEDING

Current Food:  Canned:  Dry:

How much:  How often:

Special Diet Instructions:

## MEDICATIONS

Medication:  Dosage:  Time:  a.m.  p.m.

Medication:  Dosage:  Time:  a.m.  p.m.

Medication:  Dosage:  Time:  a.m.  p.m.

## VACCINATIONS | FLEA PREVENTION | BATH

*Vaccinations* Current: Yes:  No:  Dates:

When did your pet last receive *Flea Prevention*:

Name of Flea Prevention:

(Flea Preventative will be given/applied at owner's expense if there is evidence of flea activity at drop off)

Do you want your pet to receive a *bath* before going home? Yes:  No:

(Your pet will need to go home in the late afternoon if a bath is given)

Additional Notes:

Charges for daily medical care or bathing are in addition to daily boarding charges. Bring any medications in the original vials. Please bring your pet's food or plan to purchase food at drop off.

Owner's Signature

Printed Name

Date

Bring the completed form to the appointment, email it to [cmhvets@aol.com](mailto:cmhvets@aol.com), or fax it to 812-334-1092 prior to the appointment.

[Office Use Only] Weight: \_\_\_\_\_ Employee's Initials: \_\_\_\_\_ Technician's Initials: \_\_\_\_\_