Colonial Veterinary Clinic
Boarder Admission Form

Owner's Name: **Pet's Name:**

Emergency Contact Name:

Emergency Contact Number: ( ) -

Check In: / / AM/PM	**Check Out: / / AM/PM**
□SUN □MON □TUE □WED □THU □FRI □SAT	□SUN □MON □TUE □WED □THU □FRI □SAT

After-hours pickup and drop off visits can be arranged. Please be advised that there is an additional fee for these services.

Medication:

Does your pet need medication while boarding?* Yes No

IF YES: Did your pet receive any medication before arrival? Yes When? No

***Please Note: There is a fee of $2.10 per dose for medication administered while boarding.**

Opportunities: Would you be interested in any of these services while your pet is staying with us?

Nail Trim ($19.40)	Yes	No	Express Anal Glands ($19.40)	Yes	No
Ear Cleaning ($19.80)	Yes	No	Bath ($35-55)	Yes	No
Full Grooming ((please inquire about price and schedule)				Yes	No

Personal Items: Although your pet may be more comfortable with personal items, we recommend using our clinic's supplies to prevent loss of your personal items. Please indicate which items, if any, you are leaving with your pet:

Leash Collar Food/Treats Medications Toys Blanket Bed/Carrier Bowl

Other:

I would like an estimate of boarding fees for my pet's stay. YES ☐ NO ☐

I assume financial responsibility for these procedures. I authorize Colonial Veterinary Clinic staff to use their best judgment for the treatment of my pet in the event they are unable to contact me.

Signed:_____ **Date:**_____

THANK YOU!

☐ Policy Sheet

☐ Estimate ☐ Declined

Time In	Initials