



Murrayville Veterinary Clinic
5741 Thompson Bridge Road
Murrayville, GA 30564
P: 770-532-2585 F: 770-535-0280

Boarding Registration Form

Client Name: _____ Pet Name: _____

Home Phone Number: ____-____-____ Cell Phone Number: ____-____-____

E-Mail: _____

Is your pet up to date on all vaccines? Yes () Date of vaccines: _____ No ()

Is your pet on heartworm prevention? Yes () No ()

Feeding instructions: bringing own food () use clinic food ()
AM only () PM only () AM and PM ()

Is your pet allergic to any food? Yes () No ()

Are any medications necessary while boarding? Yes () No ()

Name(s) of medication(s), dosage and instructions: _____

Are there any special needs we need to be aware of while boarding? Yes () No ()

If yes, please specify. _____

Is your dog a jumper, climber, digger, escape artist? Yes () No ()

If more than one pet is boarding, would they like to stay together? Yes () No ()

Can they eat together? Yes () No ()

What else would you like to tell us about your pet. _____

You may drop off Monday through Friday 8:00am to 6:00pm & Saturdays 8:00am to 12:00pm. Early drop off Monday to Friday 7:00am to 8:00 am. Please ring doorbell at door to the left of our building. New patients may not use early drop off.

You may pick up Monday through Friday 8:30am to 6:00pm, Saturdays 8:30 to 12:00 pm & Sundays 10:00am to 12:00pm.

Requirements for Boarding (Please read carefully)

1. All animals must be current on all vaccinations. Rabies, DHHP, Bordetella for dogs. FVRCP and Rabies for cats.
2. All animals must be free of external parasites (ex. fleas, ticks, etc.), or they will be treated at owner's expense
3. Murrayville Veterinary Clinic has my permission to do whatever treatment is necessary should an emergency arise.
4. If sedation is necessary for treatment or handling, Murrayville Veterinary Clinic has my permission to administer such medication.
5. We do provide bedding for your pet's comfort. **IF YOU DECIDE TO BRING YOUR OWN BEDDING OR TOYS, WE ARE NOT RESPONSIBLE FOR LOST ITEMS.**

I have read the boarding requirements and understand the Clinic's policies.

Signature of Owner: _____ Date: _____