

Murrayville Veterinary Clinic
5741 Thompson Bridge Road
Murrayville, Ga 30564
770-532-2585

Boarding Registration Form

Client Name:

Address:

**Phone
Number:**

Patient Name:

Species:

Breed:

Sex:

Color:

Weight:

Emergency contact if you cannot be reached : _____

Is your pet up to date on all vaccines? Yes () No () All animals must be current on all vaccinations.

Is your pet on Heartworm preventive? Yes () No ()

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

Feeding Instructions: bring my own food () use the clinic's food ()

am only () pm only () am and pm ()

Is your pet allergic to any food? No () Yes () If yes please list _____

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

Can they eat together Yes () No ()

Is there any special needs we need to be aware of. No () Yes () Please specify _____

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

Would you like your Pet(s) to be bathed while boarding or before pickup ? Yes () No () There is an additional fee.

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

Name(s) of Medication, dosage(s) and Instructions: _____

REQUIREMENTS FOR BOARDING

1. All animals must be current on all vaccinations. Rabies, DHPP, Bordetella for dogs. FVRCP and Rabies for cats.
2. All animals must be free of external parasites (ex. ticks, fleas, etc.), or they will be treated at owner's expense.
3. Murrayville Veterinary Clinic has my permission to do whatever 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. Pets may be picked up Mo-Fri 7:00 am - 6:00 pm., Saturday and Sunday 4:00pm-5:00pm

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

Signature of Owner: _____ **Date:** _____