

Boarding Drop Off Form:

Drop off Date _____ & Time _____

Pick up Date _____ & Time _____

Owner Name: _____

Contact phone numbers: _____

Email address: _____

Pet Name: _____

Food: Kennel food or Own Food

Amount per meal: _____ # of meals per day: _____

Special feeding instructions: _____

Dietary restrictions/Allergies and sensitivities: _____

Medication to be given: Yes or No * \$1 - \$3 per treatment*

Medical concerns (to be addressed by a Veterinarian): _____

Vaccinations needed: Yes or No

Distemper combo & Rabies (as well as Bordatella for dogs) are required to be boarded

Other services requested while boarding:

Bath with nail trim (\$ dependant on size/coat- Canine only) Pick up time and date _____

Nail Trim only (\$15)

Groom (\$ dependant on breed- Canine only) Pick up time and date _____

Please list all belongings (with detail) being left with pet: (This ensures we return everything that was brought) _____

- **There is a 2 night minimum charge for boarding.** Boarding check out is similar to a hotel, pick up after check out = another day charge. Check out is at 12pm.
- **Payment in full is due at pick up.** If pet is boarded for 14 days or longer, payment is required in advance.
- Brentwood Animal Hospital agrees to exercise due and responsible care, to keep the kennel premises sanitary and properly enclosed. The animal is to be fed properly and regularly and to be housed in clean, safe quarters.
- All animals are boarded, handled, and cared for by Brentwood Animal Hospital without liability on our part of loss or damage from disease, death, running away, theft, fire, injury to persons, other animals or property by said animal, or other unavoidable causes, due to diligence and care having been exercised.
- **If animal requires medical attention, the owner shall pay the expense.**
- I hereby agree to the foregoing as owner of the animal.

Owner signature: _____

Staff Initials: _____

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THIS PAGE FOR STAFF USE ONLY.

Medications

Medication/Directions: _____ Total doses during stay: _____

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Feline: Distemper Rabies Leukemia Collect Fecal

Canine: DHLPP Rabies Heartworm test Bordatella Collect Fecal Lyme

Boarding Rate: _____	Invoice #: _____
Medical Rate: _____	Invoice \$: _____
Grooming: _____	
Total: _____	
Staff Initials : _____	