



Sisters Veterinary Clinic

Animal Name: _____ Microchip # _____ (New Chip \$55.99)

Date: _____ IN _____ OUT AM/PM Emergency Phone# _____

We are closed Sundays and Holidays.

Vaccines: (*Required for boarding at this facility)

Feline

Date Due _____ *Examination
 Date Due _____ *Rabies
 Date Due _____ *FVRCP
 Date Due _____ *Feline Bordetella
 Date Due _____ FeLV
 Date Due _____ Fecal

Canine

Date Due _____ *Examination
 Date Due _____ *Rabies
 Date Due _____ *DHPPCV
 Date Due _____ *Bordetella
 Date Due _____ Fecal

Is your pet currently on FRONTLINE and HEARTGARD? Yes/No

Food: _____

Personal items: _____

For an additional fee, we are happy to offer the following procedures while your pet is boarding with us:

Extra Play Time: Yes/No *Nail Trim:* Yes/No *Groom/Bath:* Yes/No
 (15 min/\$7.50/day)

- Does your pet have any health problems(eyes/ears/teeth) Yes/No Explain _____
- Do you want an exam by the doctor? Yes/No _____
- Is your pet on any medication? Yes/No Explain _____

***Your animal checked in with care by: _____**

My signature below confirms my authorization for all the above requested items and for emergency care to the doctor's recommendations unless I described a limitation below. I understand charges are due and payable upon patient discharge (when you pick up your pet.)

Check out time is 12:00pm

Owner Signature: _____ Date _____

"Thank you for letting your pet vacation with us!"