



## 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.)*

**Canine \$20.00/day    Feline \$16.00/day**

**Check out time is 12:00pm**

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

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