



BOARDING FORM

Date: _____

Client _____ Patient _____

Numbers Where I Can Be Reached: _____

_____ (Initial Here) I understand my pet will be treated for fleas &/or ticks at my expense if they are found on my pet.

Do we need to call prior to any additional treatment? Yes No

May we transport your pet to the Emergency Clinic for after hours care? **YES NO**

*** (You will be responsible for any charges from the Emergency Clinic) **CALL 1ST**

_____ (Initial Here) I understand that if it is in the best interest of my pet's health, treatment may be started on my pet even if I cannot be reached to authorize treatment. I understand I will be responsible for the additional cost of treatment.

May we sedate/anesthetize your pet if necessary? Yes No Call First

Other instructions: _____

Vaccinations Needed: DA2PP Rattlesnake BORD Rabies
FVRCP FELV FLU

Additional Services: Heartworm Test Nail Trim Microchip Bath Only Groom

Medications & supplements your pet is on (name, dosage & time): _____

Belongings: _____

Please feel free to write any additional notes or information on the back of this form.

I UNDERSTAND THAT KEY CITY VETERINARY CLINIC AND/OR IT'S VETERINARIAN(S) AND/OR EMPLOYEE(S) WILL NOT BE HELD LIABLE FOR ANY INJURY, ILLNESS, DISEASE OR ESCAPE OF THE ABOVE NAMED ANIMAL(S), REGARDLESS OF CAUSE. I ALSO UNDERSTAND THAT SHOULD SAID ANIMAL(S) BECOME SICK OR INJURED WHILE BEING BOARDED AT KEY CITY VETERINARY CLINIC, SAID ANIMAL(S) WILL BE TREATED AS DEEMED NECESSARY, AND THAT I WILL BE RESPONSIBLE FOR PAYING SUCH TREATMENT AT STANDARD FEES. I UNDERSTAND THAT KEY CITY VETERINARY CLINIC TAKES SANITARY AND PRECAUTIONARY MEASURES TO PROTECT AGAINST INFECTION, ESCAPE AND INJURY. I UNDERSTAND THAT ANIMALS ARE NOT MONITORED OVERNIGHT AT KEY CITY VETERINARY CLINIC.

Signed by owner or agent : _____

Printed name _____