

Phone: 972-385-3555 **Cornerstone Animal Clinic** Fax: 972-392-4520  
**Boarding Information Form**

**Owner's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Pet's Name(s)** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Required Information**

**Date & Time of Pickup:** \_\_\_\_\_

We close at 5:30pm on Mon, Tues, Thurs, & Fri. , 6:30pm on Wed. & 12:00pm on Saturdays.

***NO PICK UPS AVAILABLE ON SUNDAYS***

**Pet eats: Own Food ( ) Hospital Brand ( ) Comments:** \_\_\_\_\_

**Medication – Medical Services**

***(\*All medications must be brought in the original bottles)***

Pet is on medication **Yes ( ) No ( )** Owner brought medication **Yes ( ) No ( ) Refill ( )**

Last dose given: \_\_\_\_\_ ***Additional Daily Fee for giving Medications (\$4.50)***

Medical Services requested with Doctor **Yes ( ) No ( )**

**Please describe** \_\_\_\_\_

**VIP (Very Important Pet)**

VIP (Very Important Pet) for an additional charge of \$14.00 per day above daily boarding rate.

VIP includes additional walks and/or playtime. **I want VIP for my pet: Yes ( ) No ( )**

**Bathing and Grooming Services**

***(\*Earliest pick-up time available is 12:00pm)***

• **Bath** includes nail trim, expression of anal glands, and ear cleaning.

• **Grooming** includes all the above plus a **haircut**.

**I want a bath only Yes ( ) No ( )**

**I want a bath plus grooming (haircut) Yes ( ) No ( )**

In case of illness, injury or emergency, I the undersigned give my consent for the Doctors of Cornerstone Animal Clinic to treat, prescribe for, or operate on my pet while being boarded at the hospital as necessary and desirable in the exercise of the Veterinarian's professional judgment. Cornerstone Animal Clinic will use all reasonable precautions against illness, injury, or escape, but will not be held responsible on account of the care, treatment, or safe keeping of my pet. I agree to pay in full, any necessary services rendered for and to my pet.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_