

Lodging Information Form

Client ID: _____
 Client Name: _____
 Telephone: _____

Patient ID: _____
 Name: _____
 Species: Cat Dog Other

Boarding From: _____/_____/_____

To: _____/_____/_____

Please complete the following, choose a treatment option, and sign below.

1. Did you bring your pets own food? (We feed SD Sensitive Stomach dry) If so what brand? _____	Yes	No
2. Feeding instructions: Morning: _____ Evening: _____ Other: _____ Last time your pet was fed: _____		
3. Is your pet on Flea or Tick prevention? If so what brand? _____ Date Given: _____	Yes	No
4. Does your pet use an elevated food stand?	Yes	No
5. Has or does your pet chew bedding?	Yes	No
6. If you are boarding 2 pets can they be in the same kennel?	Yes	No
7. Would you like your pet to be groomed? (there is an additional cost for this service)	Yes	No
8. Does your pet require medication while boarding? (If yes please list below) Medication: _____ Dosage: _____ When was last dose given? _____ Medication: _____ Dosage: _____ When was last dose given? _____	Yes	No
9. List and describe any personal items being left with your pet (i.e. Red leash): _____ _____		
Please understand that G.V.H. cannot be responsible for lost personal items.		

Any treatment administered to your pet while boarding will include an exam fee and/or medication charged. We will call to notify you if a problem occurs. If a fecal is taken at time of boarding and is found positive for parasites, your pet will be treated during the boarding period at the your expense. Please review our 'Client Information Regarding Lodging' form which you received at check in.

Treatment options: I **and/or Agent** give permission to (circle):

Treat as doctor deems necessary and ACCEPT all charges.	Yes	No
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Emergency Contact: _____ Number: _____
CLIENT SIGNATURE : _____