



A Tradition of Veterinary Excellence

www.animalhospitalatgrayhawk.com

Boarding Information Form

Personal Information

Date:	Check-Out Date:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Owner's Name:	Pet's Name(s) & Breed(s):	
While my pet is at Grayhawk, I can be reached at this phone number:		
Emergency Contact Name:	Emergency Phone:	

Feeding Instructions

My pet eats _____ times per day	He/She gets _____ cup(s) and/or _____ can(s) per meal.
I brought my pet's food <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the type of food is:
Special feeding instructions:	

Medication Instructions (additional charges will be incurred for administering medications)

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Items Left

You are welcome to leave personal items, such as toys, chew toys, beds, etc. with your pet(s). However, we are not responsible for and will not replace any items destroyed or misplaced. Please describe all the items you are leaving:

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Special Services (professional bath by appointment only)

<input type="checkbox"/> Basic Bath	<input type="checkbox"/> Nail Trim	<input type="checkbox"/> Extra Walk	<input type="checkbox"/> Bully Stick	<input type="checkbox"/> Frozen KONG w/ Yogurt & Peanut Butter
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Medical Services (additional charges will be incurred for administering medications)

<input type="checkbox"/> Update Vaccines	<input type="checkbox"/> Check vaccine history at (animal hospital name)
<input type="checkbox"/> Flea and tick treatment HAS been given within 30 days (if not, Frontline® will be applied)	
<input type="checkbox"/> Home Again Microchip	<input type="checkbox"/> Request Dr. examine for
Medical problems we should be aware of:	



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If any problem or emergency develops and it is necessary to treat your pet, please indicate your preference:

- | |
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| <p><input type="checkbox"/> Please treat my pet as required: I do not need to be contacted.</p> <p><input type="checkbox"/> Perform only emergency and supportive care. Notify me for permission to begin any other treatment.</p> <p><input type="checkbox"/> Do not perform any diagnostics and/or treatment until I am notified and consent to treat.</p> <p>I understand that my pet's health may be at risk until I am notified.</p> |
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I am the owner/agent of the animal described above, and certify the above information to be accurate. I absolve and release Animal Hospital at Grayhawk from any loss, expense or liability arising from the performance of any services provided. I understand that if my pet(s) are not current on any required vaccinations that they will be administered at regular hospital fees. I also understand that Animal Hospital at Grayhawk is not staffed outside of regular business hours.

I accept all financial responsibility for the procedures listed above and understand that these fees must be paid at the time my pet is released.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Signature:	Date:
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