

**West Bearden Veterinary Hospital
Boarding Form**

Owners Name: _____ Date: _____

Pets Name: _____ Contact # : _____

Date of Pick Up: _____

Feeding Instructions: _____ once daily/twice daily
(Please include amount to be given at each feeding)

Medications and Instructions:

Pet's Belongings:

(Please keep in mind we do have our own bowls/beds/blankets to use in house, items that are left will be donated to the shelter after a two week period.)

Desired Services While Boarding		
Bath	Pedicure	Anal gland expression
I would like the Doctor to examine the following:		
*These services are provided at an additional cost		

I

understand that my pet must be current on all vaccinations prior to boarding. If proof is not presented at the time of boarding, the required vaccinations will be given along with a physical exam and I will be charged for the services. Payment in full at the time of pickup.

X

I authorize West Bearden Veterinary Hospital to treat my pet if necessary while boarding.

X

For Hospital Use Only							
1901		K-9 < 30 lbs	2000		Bath K-9 <30lbs	192 1	Day Care
1902		K9 31-60 Lbs	2001		Bath K-9 31-60	192 5	Med Boarder
1903		K-9 61-80 lbs	2002		Bath 61-80	201 0	Med Bath
1904		K-9 81-100 Lbs	2003		Bath K-9 81-100	482	Fecal Exam
1905		K-9 >100lbs	2004		Bath K-9 > 100	250	Pedicure
1907		Feline Boarding	2005		Bath Feline	bday	Birthday Bath

Stored \$:	By:	301	Bordetella Vaccine
		201	Anal Gland Expression