

Granite Bay Veterinary Clinic Boarding Drop-Off Form

Owner Last Name: _____ **Pet Name:** _____ **Weight:** _____
Owner Phone: _____ **Add'l Pet Name:** _____ **Weight:** _____
Add'l Pet Name: _____ **Weight:** _____

Check In AND Check Out Date: _____

In Case of Emergency

Contact Person: _____ Phone Number(s): _____

If a critical/life threatening problem develops and we can't reach you, may we treat your pet(s)? (Please Initial)

Yes _____ No _____

- I authorize any amount necessary for the treatment of my pet at GBVC.
 I authorize a maximum of \$_____ to be used towards my pet's care at GBVC.

Feeding Please list feeding instructions for each pet (amount and frequency):

When is your pet due for their next meal? _____

Did you bring food for your pet(s)? (circle one) Yes / No
 (If you have not provided food, your pet will be fed Science Diet Adult pet food while boarding.)

Medications Please list any medications that your pets need while boarding, along with instructions:

Pet: _____ Medication: _____ Instructions: _____
 Pet: _____ Medication: _____ Instructions: _____
 Pet: _____ Medication: _____ Instructions: _____
 Pet: _____ Medication: _____ Instructions: _____

Belongings Are you leaving any of the following? (circle)

Collar/Leash Carrier Bedding Other: _____

Procedures Please list any procedures you would like performed during your pets' stay: (e.g. nail trim)

NOTICE: Personnel are not on the premises at night and other times when the Granite Bay Veterinary Clinic is not open for business.

~~~~~Office Use Only~~~~~

### Check In Review:

Have these pets had any coughing, sneezing, vomiting, or diarrhea in the past week? Yes      No

If yes, explain: \_\_\_\_\_

Current on all required vaccines? Yes      No

Dogs: Rabies, Distemper/Parvo, Bordetella      Cats: Rabies, FVRCP

If not current, does the owner approve all necessary boosters? Yes      No

### Boarding Exam:

Temperature: \_\_\_\_\_ Notes: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_