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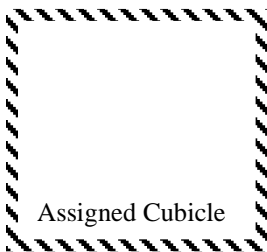


"The technology to treat, the heart to heal"

Robert Addington, DVM
 Matthew Lawrence, DVM
 Eric Keiser, DVM
 Leslie Richardson, DVM
 Michael Morrow, DVM
 Katie Moore, DVM

Boarding Admission Form

Owner Name _____ Pet Name _____
 Home Phone # _____ Breed _____
 Emergency Phone # _____ Description _____
 Admission Date _____ Time _____ Weight _____ Age _____
 Discharge Date _____ Time _____ Sex _____ Neutered/Spayed _____



Assigned Cubicle

Special Medical or Behavioral Conditions _____
 Medications _____
 Food Amount/Frequency _____
 Items Left with Pet _____
 On Flea/Tick Preventative? _____ If yes, Last given _____

**If animal is not currently on flea/tick control, a single dose will need to be applied at time of drop off to help us maintain a flea/tick free environment and keep your pet healthy and happy!*

In case of emergency, we reserve the right to treat your pet at our discretion should we be unable to contact you. A deposit may be required for reservations during highly requested times. We are not responsible for items left with your pet!

Owners Signature _____ Date _____

****Boarding use only****

Pet Evaluation

		Normal	Abnormal
1	Attitude		
2	General Appearance		
3	Mouth and Teeth		
4	Ears/Eyes		
5	Nose		
		1 st day	Last day
6	Weight		