

Brook-Ellis Pet Hospital Pet Boarding Information

1. Boarding Dates: From ____/____/____ to ____/____/____ Pick up time: ____AM ____PM

2. List ALL items brought with your pet:

3. Vaccination History*: Current (see BEPH records) Records Provided

*Brook-Ellis Pet Hospital requires that each pet be current (**within 11 months**) on DHPPBB or FVRCP. If not current, pet(s) will be vaccinated at client's cost. _____(initial)

4. In case of an emergency, do you want to be contacted? YES NO

If yes, please list place(s) and phone number(s):

Location: _____ Phone: (____)_____-_____

In case you cannot be contacted, leave an additional emergency contact:

Name: _____ Relation: _____ Phone: (____)_____-_____

5. Are there any medical problems that will need attention during the stay? YES NO

If yes, please list below and ASK FOR ESTIMATE OF COSTS PRIOR TO LEAVING:

6. Important Past Medical History:

7. Please list medications your pet is on: *There is a \$5.00 administration charge per day*

8. Do you want your pet(s) bathed? YES (*Additional charges apply*) NO

If your pet(s) gets dirty during its stay and a clean up bath is required, there will be a \$16.00 charge. _____(initial)

9. For the protection of you pet and other pets boarding, if your pet(s) are found to have fleas, they will be treated with a single application of Advantage at client's cost. _____ (initial)

If you have your pet(s) on flea control, please list last application date and type:

Date: ____/____/____ Type: _____

10. What diet is your pet on? _____ How many times a day? _____

11. Temperament with Strangers: Friendly Shy/Nervous Aggressive Unpredictable Other

12. Please be aware that boarding an animal, can be very stressful for him/her. We take every precaution to ensure your pet has a safe and comfortable stay with us. In the event of an unforeseen illness or injury, medical expenses incurred are the responsibility of the pet owner/guardian. _____(initial)

If your pet should show signs of illness while boarding at Brook-Ellis, would you like us to:

Administer any necessary medical treatment (*You will be responsible for fees created by treatment*)
_____(initial)

Call emergency contact for permission to treat

Withhold treatment

Other (specify): _____

***** A 50% deposit is required for new clients*****

Signature: _____

Date: ____/____/____