

Marco Veterinary Hospital Boarding Form

Patient: _____ Owner: _____

Other Pets: _____

I would like my dogs listed to stay together: YES _____ NO _____

I understand that if my dogs stay together I am held liable for any injury that may occur between my dogs. Marco Veterinary staff will do their best to stabilize my pet until myself or my emergency contact can be reached to transfer them if needed.

Pet Age: _____

If pet is on medication please fill out medication form.

Type of food pet eats: _____

If any major allergies please list: _____

How many cups: _____ How many times a day: _____

Has the pet eaten this morning: YES / NO

If pet is on medications has pet taken morning medications: YES / NO

Authorization for treatment without a phone call: YES _____ NO _____ Up to \$ _____

If YES, would you like a call after treatment: YES _____ NO _____

Best number to be reached at is: _____

All pets that have vomiting or diarrhea will be treated accordingly without permission until owner can be reached. As the owner I understand that no staff members are here over night.

All boarding pets must be fully vaccinated, parasite free including worms, giardia, flea and ticks, in order to board with us. If they are not it will be at the owners' expense to be treated in order to stay.

Hurricane Emergency Contact (Full Name / Number): _____

Would you like a **Bath** before going home: Yes _____ No _____
(If your pet gets a bath they will not be ready for pick up until after 12pm on the day you pick up)

Owners Signature: _____

{FULLNAME}

Date: _____

MEDICATION FORM:

Please make sure medication is in a labeled bottle with all the necessary information for our staff to properly administer the medications. If not in labeled bottles or proper information is not listed below, you as the owner are taking responsibility that mistakes could happen and our staff is not held accountable.

1. Medication: _____ mg: _____

Frequency: _____

2. Medication: _____ mg: _____

Frequency: _____

3. Medication: _____ mg: _____

Frequency: _____

4. Medication: _____ mg: _____

Frequency: _____

5. Medication: _____ mg: _____

Frequency: _____

6. Medication: _____ mg: _____

Frequency: _____

7. Medication: _____ mg: _____

Frequency: _____

8. Medication: _____ mg: _____

Frequency: _____