

Please print, fill out, and bring with you to your appointment

ANIMAL MEDICAL CENTER OF GARNER, PC  
**Boarding Admission Form**

Client Name: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Age: \_\_\_\_\_

Please board my pet(s) from \_\_\_\_\_ until \_\_\_\_\_

**Emergency Contact Person and Phone Number** \_\_\_\_\_

**Vaccination Policy:** I understand my pet **must** be current on his/her Rabies, Distemper, and Kennel Cough for dogs, and Rabies and Distemper for cats. If my pet is not current or if my pet's vaccine status cannot be determined, I understand that a physical exam and the appropriate vaccine(s) will be administered today at an additional cost \_\_\_\_\_ (initial).

**Please examine the following while my pet is boarding** \_\_\_\_\_

All animals must be free of external parasites (fleas and ticks). If we find fleas or ticks on your pet, he/she will be treated and the additional charge will be added to the bill.

**ANIMALS PICKED UP AFTER 2PM WILL BE CHARGED AN ADDITIONAL DAY**

\_\_\_\_\_ I would like a bath to be done for my pet at an additional charge

Nail Trim Only \_\_\_\_\_ Express Anal Glands Only \_\_\_\_\_ Frontline/Advantage Application \_\_\_\_\_

**Medications:** Please list all medications along with the proper dosages.  
*A \$2.00 charge per day will be added for any pet receiving treatments.*

Please list what medication(s) were given, the dosage and at what time the medication(s) were given \_\_\_\_\_

Name of Medication	Dosage	Given Today?

**Belongings:** Please list all items that will be left with your pet \_\_\_\_\_

**Feeding Instructions:** \_\_\_\_\_ **Own Food** \_\_\_\_\_

**Authorization:** Please initial all that apply:

- \_\_\_\_\_ If tranquilization is necessary for the treatment or handling of my pet, I authorize Animal Medical Center of Garner to administer such medication and any blood work that may be necessary.
- \_\_\_\_\_ I authorize for my pet to walked outdoors, and release Animal Medical Center of Garner from any liability.
- \_\_\_\_\_ In case of emergency, I authorize Animal Medical Center of Garner to perform any necessary procedures.

**Name of person authorized to pick up my pet(s) on my behalf.** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_