

Salado Veterinary Hospital

BOARDING FORM

Owner's Name _____ Pet's Name _____

Phone Number _____ Breed _____

Check-In Date _____ Check-Out Date _____

If your pick-up date is a Sunday, you will be required to prepay.

_____ (nights) x _____ (cost per night) + _____ (service estimate) = _____

Additional Pets

_____ (nights) x _____ (cost per night) + _____ (service estimate) = _____

Items Left With Pet _____

Items left over 30 days become property of Salado Vet Hospital and will be donated to a local rescue organization.

Medications for Pet: _____

Release my Pet To: _____

Your pet's well being is our utmost concern. To protect our boarders against communicable diseases, **all animals must be current on annual vaccines.** Additionally, **dogs** must have a current intestinal parasite test. Salado Veterinary Hospital does also recommend that all dogs have an annual heartworm test. (This is not required for boarding.) If we do not have a record of these vaccines and tests, or if your pet is not current, these will be given at your expense. Initial Here _____

Canine Vaccines and Testing

<input type="checkbox"/> Rabies Current until _____ Expired on _____	REQUIRED No Record	<input type="checkbox"/> Fecal Test Current until _____ Expired on _____	REQUIRED No Record
<input type="checkbox"/> DHPPV Current until _____ Expired on _____	REQUIRED No Record	<input type="checkbox"/> Heartworm Test Current until _____ Expired on _____	REQUIRED No Record
<input type="checkbox"/> Bordatella Current until _____ Expired on _____	REQUIRED No Record	<input type="checkbox"/> Rattlesnake Current until _____ Expired on _____	(<input type="radio"/> 1 st <input type="radio"/> 2 st <input type="radio"/> Annual) No Record

Feline Vaccines and Testing

<input type="checkbox"/> Rabies Current until _____ Expired on _____	REQUIRED No Record	<input type="checkbox"/> Fecal Test Current until _____ Expired on _____	REQUIRED No Record
<input type="checkbox"/> FVRCP Current until _____ Expired on _____	REQUIRED No Record	<input type="checkbox"/> Leukemia/AIDS test	REQUIRED
<input type="checkbox"/> FEVL Current until _____ Expired on _____	REQUIRED No Record		

If we notice parasites on your pet, or if your pet requires medical treatment, we will treat your pet accordingly at the owner's expense. Initial Here _____

Other Procedures

<input type="checkbox"/> Bath	<input type="checkbox"/> Toenail Trim
<input type="checkbox"/> Express Anal Glands	<input type="checkbox"/> Toenail Grind

Owner Signature _____

Date _____