



4506 Nash Street N· Wilson, NC 27896· ph 252-237-9181· fax 252-237-9121·www.BrandywineVetHospital.com

## BOARDING FORM

### CLIENT INFORMATION

Date \_\_\_\_\_

Pet's Name \_\_\_\_\_ Your Name \_\_\_\_\_

Boarding Dates: From \_\_\_\_\_ To \_\_\_\_\_

### CONTACT INFORMATION WHILE YOU ARE AWAY

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_

If I am not available, the person authorized to make medical decisions on my behalf: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone: \_\_\_\_\_

### FOOD

I brought food for my pet \_\_\_\_yes \_\_\_\_no If yes, type and amount \_\_\_\_\_

### MEDICATION

My pet receives the following medications:

Medication	Amount	Frequency

### PERSONAL BELONGINGS

Please list any belongings you are leaving your pet

\_\_\_\_\_

*I understand that my pet must be up to date on all vaccinations to board at Brandywine Veterinary Hospital, PA. Any external parasites (eg: fleas or ticks) will be treated immediately. I understand that I am financially responsible for any cost associated with vaccination or external parasite treatment and that this payment is due upon discharge. In the event of an emergency, the veterinarians and staff at Brandywine Veterinary Hospital, PA will do all in their power to reach me. In the event I can't be contacted (nor the designated emergency contact listed above), I understand that the appropriate treatment will be given to my pet and I assume financial responsibility for this care.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_