



Client's Name

First and Last Name

Pet's Name:

Pets Full Name

Drop Off Date

Pick Up Date

Part 1 - Feeding and services needed

Your pet is fed _____ cup(s) of dry food _____ times a day. Your pet is fed _____ can(s) of wet food _____ times a day.

Additional feeding instructions

Did you bring your pet's food from home? Yes No What time did your pet last eat? ____ AM ____ PM

Is your pet on medication? Yes No (If yes, please complete additional form)

Items you will be leaving with your pet:

****Although we do our best to ensure that your pet goes home with his/her belongings, we are not responsible for lost or damaged items****

Clean-up bath before pick-up? Yes No (If yes, pick up time is after 2:00pm)

Does your pet need an exam or other services while boarding? Exam Other Services N/A

Technician Only: Distemper Bordetella Lyme Lepto Flu Heartworm Test
 Proheart 6 Rabies Fecal Nail Trim Anal Gland Expression

Part 2 - Emergency Information

Please provide the best numbers to reach you in the event of an emergency:

Primary Name

Primary Number

Secondary Name

Secondary Number

I, hereby, give Falls Church Animal Hospital, permission to administer medical or surgical treatment as needed until I can be notified. I also give permission to give vaccines and treat for parasites as needed. **Animals infested with fleas or those that are unusually dirty will be bathed.** I understand that these services will be charged and must be paid at pet's release.

Signature

Date