

**DULUTH ANIMAL HOSPITAL
BOARDING INFORMATION**

PICK UP BEGINS AT 9:00 A.M. MONDAY-SATURDAY

FLEA INFESTED ANIMALS WILL BE TREATED AT OWNER EXPENSE

Client/Owner Name _____ Pet Name(s) _____

Date In: _____ Pick-Up Date: _____ Pick Up Time: _____

Groom (Cut & Bath) while here? Date _____ Yes _____ No _____

Bath only while here? Date _____ Yes _____ No _____

Permission to examine/treat if medical problem should arise? Yes _____ No _____

Does your pet eat a prescription diet? Yes _____ No _____
(If hospital provides prescription diet, additional cost per day)

Did you bring food? Kind _____ Yes _____ No _____

How many times/day is your pet usually fed? _____ Amount/feeding _____

Does your pet need medications while here? Yes _____ No _____

If so, please list on next page.

Medical services needed while here? Yes _____ No _____

Please List: _____

If meds are prescribed, may we begin treatment while pet is boarding? Yes _____ No _____
(Medication given at additional cost per day.)

Emergency Contact Name _____ Phone Number _____

Client Signature _____

Special Instructions: _____
