

**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: \_\_\_\_\_

Bath only while here? Date \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Groom (Cut & Bath) 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 \_\_\_\_\_  
(Medications given at additional cost per day)

Medical services needed while here? Yes \_\_\_\_\_ No \_\_\_\_\_

Please List: \_\_\_\_\_

Current vaccinations and a negative fecal test within the past 12 months are required for boarding. If not current, services will be performed during pets stay. Owner will be responsible for these costs.

Initial \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Client Signature \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_