

Boarding Check In

Georgetown Veterinary Hospital

Owner: _____ Case No: _____
Street: _____ Phone: _____
Patient: _____ Breed: _____ Sex: _____
Age: _____ Color: _____
Is the address and phone number correct? Y__ N__

<p>Feeding instructions: Brought own food: instructions _____</p> <p>Feed Food Provided: Premium Purina EN (sensitive Stomach Diet) - Free Feed, 1, 2, or 3 Times Daily</p>

Is your pet on **medication**? Yes ___ No ___ Medication: _____

Emergency Phone Numbers: Contact: _____ Phone: () _____ - _____
Owners' Cell Phone: () _____ - _____ Owners' Cell Phone: () _____ - _____

Board from _____ to _____ Pickup AM / PM (please circle one)
Additional Playtime? Yes ___ No ___ **Bath?** Yes ___ No ___ **Nails?** Yes ___ No ___
Pet's belongings: Leash___, Collar___, Carrier___, Cage___, Toy___, Bedding___, Food___, Medication___
Required treatments _____

Owner/Agent Signature _____ **Date** _____

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Additional Playtime? Yes ___ No ___ **Bath?** Yes ___ No ___ **Nails?** Yes ___ No ___
Pet's belongings: Leash___, Collar___, Carrier___, Cage___, Toy___, Bedding___, Food___, Medication___
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Every pet boarding with us must be current on required vaccinations as well as free of fleas and other parasites. If parasites are found, or vaccinations are needed, your pet will be treated and vaccinated at owner's expense.