



# BOARDING & MEDICAL INFORMATION FORM

Patient ID Label  
(Affix Label Here)

Owner & Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Contact Information:  
\_\_\_\_\_  
\_\_\_\_\_

Drop-off Date/Time: \_\_\_\_\_  
Pick-up Date/Time: \_\_\_\_\_

**PERTINENT INFORMATION**

**How much food given & how often pet is fed?**

**FEEDING instructions:** Dry Canned Dry/Canned Mixture \_\_\_\_\_

**MEDICATION instructions:** \_\_\_\_\_

**ADDITIONAL treatments:** Nail Trim Anal Glands Other: \_\_\_\_\_

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

**Vaccinations: (Circle)** FVRCP FeLV DHA2P-Cpv Bordetella Rabies

**Any items left here with pet? (Circle)** No Yes, \_\_\_\_\_

We discourage leaving **any** personal items with pets. Items may become lost, damaged, and/or soiled. I understand that I will **not** hold AAACP and its staff liable; in the event any of the items are not returned completely and/or in its original condition upon check-in. \_\_\_\_ **Initial Here**

**AUTHORIZATION FORM & ZERO FLEA TOLERANCE POLICY**

I understand that this is an indoor cage-boarding facility only. Dogs will have at least three (3) potty walks daily. Cats will remain in a cage at all times, and are boarded in the same area as dogs. If the above pet becomes ill/injured while boarding here, AAACP staff will try to contact the owner. If unable to contact owner/agent, AAACP has permission to treat the above pet to the best of our ability, and the owner agrees to be held financially responsible.

I also understand that the AAACP has a **zero tolerance flea policy** for the safety and comfort of all patients. If fleas are found on my pet, an application of flea control will be given at the owner's expense.

In the event I am unable to pick-up my pet, that I, the owner listed above, grants permission for AAACP to allow the below person(s) to visit and/or take custody of my pet at pick-up:

**Approved Guardian(s):** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE:** TS2 printed & filled out \_\_\_\_ Paper Collar/ID Affixed \_\_\_\_ Items labeled \_\_\_\_  
Current on vx? **YES NO** Date of last examination \_\_\_\_\_ Check-in worker initials \_\_\_\_