The Pet Care Clinic Of Doral

Boarding Sheet

Owner's name:_____ Phone #:_____

Emergency Contact:_____ Phone:_____

Pet's name:_____

Drop off date: _____ Pick up date: _____ Standard_____ Luxury _____

Special Diet:_____ Medication(s):_____

Personal Belongings: _____

*** Please, remove any collars and leashes and take home.**

Notes:_____

Please read and sign the following:

The Pet Care Clinic reserves the right to administer any necessary **medical treatment** in the event that *your pet* should suffer any medical ailment while in the care of Pet Care Clinic. Any costs incurred in the treatment of *your pet* will be the responsibility of the owner. In addition, all hospitalized and boarding animals **must be current in regards to all vaccinations and parasite check ups. Pick-up after 2pm daily, except Thursdays and Saturdays pick-up is after 11am.**

Owner's or agents signature:_____

For office use only:

DHLP: _____ Parvo: _____ Corona: _____ Bordetella: _____ Rabies: _____ HWtest_____

Date vaccinations were administered (if any): _____ Initials: _____

FVRCP: _____ FIP: _____ Leukemia: _____ Rabies: _____

Date vaccinations were administered (if any): _____ Initials: _____

Physical examination record: Initials: _____ Date: _____ Weight in: _____ /out: _____

Gen. App. : ____ Coat: _____ Mus./Skel.: ____ Lymph nodes: ____ Eyes: _____ Ears: _____ Muc. mem.: _____Teeth:____

Notes on physical: _____

Fecal: _____Treatment: _____

Daily Observation:_____

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