

Main Street Veterinary Hospital

Boarding Information Sheet

Owner Name: _____

Pet Name: _____

Emergency Contact (if I am unable to be reached)

Name: _____ Phone: _____

Vaccinations given at what hospital? _____

OK to place bedding in with pet? (*please choose "no" if your pet tends to chew on bedding*)

- no
- yes

Special medical needs?

- no
 - yes _____
- _____
- _____
- _____

Board in hospital building? (*additional fee- pets are cared for by nursing staff*)

- no
- yes

If pet becomes ill while here: (*please check one*)

- treat as needed (*note: all cases of diarrhea will be treated for your pet's comfort & safety*)
- call first to discuss treatment