

Northampton Animal Clinic

Owners Name:

Pet's Name:

Circle one: **Male** or **Female**

Species; Circle One: **Feline** **Canine** Other (Specify): _____

Breed (Estimate is OK):

Approx. Age:

-
1. Date Check In: _____ am / pm Date Check Out: _____ am / pm pick up
2. Bath before pick up: **YES** **NO**
3. Would you like playtime for your pet? **YES** **NO** how often? **ONCE/DAY** **TWICE/DAY**
4. Has your pet eaten today? **YES** **NO** Does your pet eat **ONCE** or **TWICE** daily? _____ cups
5. Is your pet on a special diet? **YES** **NO** name of diet: _____
6. Does your pet need medications while boarding? **YES** **NO**

Medication name-

How often it's given-

Last time it was given-

7. Does your pet have any medical conditions we should be aware of while boarding?
8. Did you bring any personal items with your pet?

Terms of Boarding:

All pets must be current on all required vaccinations. For dogs, this includes distemper, adenovirus, parvovirus, kennel cough (bordetella), and rabies. For cats, this includes calicivirus, rhinotracheitis, panleukopenia, and rabies. If I cannot provide proof that my pet is current on all of these vaccinations, I authorize the doctor to administer the necessary vaccines at my expense.

1. If any external parasites are found on my pet at any point during their stay, I authorize the doctor to treat at my expense.
2. If the doctor is unable to reach me at the given numbers I authorize any treatment for my pet that the doctor considers necessary for their health and safety. I understand that I will be charged for all treatments performed.
3. I will not hold NAC responsible for inadvertent loss or damage of personal items left with my pet.

Client Signature: _____ **Phone #** _____