**BOARDING ADMISSION FORM**

***PLEASE READ THE FOLLOWING STATEMENTS AND SIGN BELOW***

All animals entering the clinic for boarding must be current on vaccinations and free of parasites (fleas and ticks). If not, they will be treated upon entering, at the owner’s expense.

Pets are released only during regular clinic hours. It is my responsibility to inform the clinic if I will be delayed in picking up my pet(s) and I will assume all costs associated with an extended stay. If I neglect to contact/pick up my pet(s) within 7 days, Four Paws Veterinary Clinic may assume my pet has been abandoned and is hereby authorized to dispose of the pet(s) as it deems best (including euthanasia).

*In case of emergency of illness while boarding, I authorize Four Paws Vet Clinic to treat as needed ­\_\_\_\_\_ (initials).*

*In case of emergence of illness while boarding, I authorize Four Paws Vet Clinic to treat, but not to exceed $ \_\_\_\_\_ (initials)*

*I expect to pick my pet(s) on \_\_\_\_\_\_\_ (date)*

**Pet’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Belongings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feeding schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sign/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**