



Clinic Use Only
Checked in by _____
Pick-up Date: _____
Charged out: _____

Boarding Admission

Owner Name: _____ **Pet Name:** _____

Pick up date: _____ **Time:** _____ AM PM

Pick up time on Sunday is between 5-5:20 pm except on holidays.

Vaccines

Canines must have a record of Distemper within the last year and Bordetella (Kennel Cough) within the last 6 months. Felines must have a record of Feline Respiratory Vaccine within the last year. We are happy to do these at time of drop off.

Flea Policy: AMC has a no flea policy; if your pet is found to have fleas, they will be treated for a \$7 charge.

Diet

Please feed Science Diet Maintenance
Please feed _____ cups _____ times a day.

I have provided my pet's regular food
Please feed _____ cups _____ times a day.

Medication (\$3.90 per day): Is your pet currently on any medication? Yes No If yes, please list medication and schedule below:

Medication: _____ Schedule: _____
Medication: _____ Schedule: _____

Treatment: In the event your pet becomes ill while boarding, do you authorize treatment? Yes No

Insurance (\$2.80 per night): We offer a minor medical insurance policy that covers the exam charges, medicine, and medical tests that are incurred as a result of the stress of boarding (ex. – stress diarrhea).

Yes, I would like insurance for my pet. No, I decline insurance for my pet.

Additional Services

Pedicure: \$15.70 AMC Bath (includes pedicure and ear cleaning): \$31.50-\$69.50
 Anal Gland Expression: \$24.10

Special Instructions:

We are NOT responsible for belongings left with your pet.

Person(s) Authorized to pick up your pet: _____

Emergency Contact: _____ Phone: _____

Owner Signature: _____ Date: _____