

Fremont Veterinary Hospital Boarding Contract

Thank you for giving us the opportunity to care for your pet. Please help us meet your needs better by taking a few moments to complete this information sheet. We know that the form is quite lengthy, but the information provided will allow us to take the best possible care of your pet.

Owner's Name _____ Home Phone Number _____

Emergency Contact Number _____ Duration of Stay-From _____ to _____

Pet's Information: Name Dog or Cat Breed Color Age Sex Spayed/Neutered

1. _____
2. _____
3. _____

Please list the dates of your pet(s) last vaccinations:

DA2PPCvL/FeLvRCP Rabies Bordatella Influenza

1. _____
2. _____
3. _____

Is your pet(s) currently on any medication? If yes, please complete the following:

Note: There is an additional charge for administrating medications to your pet.

Name of medication Administration instructions When was it last given?

1. _____
2. _____
3. _____

Does your pet(s) have any allergies? If yes, to what? _____

Please complete the following feeding instructions for your pet:

____ Please feed my pet your food. ____ I brought my own food. (Please complete the next section.)

Name of Diet Amount Fed Times per Day

1. _____
2. _____
3. _____

Note: Fremont Veterinary Hospital feeds Hills Science Diet Sensitive Stomach. If your pet requires a special diet, please provide enough for the length of stay. If Fremont Veterinary Hospital needs to provide this special diet, there will be an ADDITIONAL charge for it.

Please list any items brought from home:

(Please do NOT leave leashes as we cannot guarantee that you will get them back)

Has your pet(s) every bitten anyone? If yes, please explain the circumstances:

Are there any special instructions you have for your pet? If yes, what are they:
