



Animal Clinic of North Topeka P.A.

Boarding Admission Form

Owner's Name _____

Pet's Name _____

Check in Date _____

Check out Date & Time _____

Please check all that apply:

Will we be administering any medication while your pet is here?

Heartworm Prevention (please list): _____

Flea Prevention (please list): _____

Medication (please list): _____

Feeding Instructions:

Please feed my pet the kennel diet. Animal Clinic feeds Royal Canin Gastrointestinal food.

Special Diet (please list): _____ Amount Feeding (1or 2x daily) _____

Other Services:

Please list problems to check and treat: _____

Annual exam & vaccinations (Must be current to board)

Heartworm test

Fecal Exam (Must be current to board)

Express anal glands

Nail trim (no charge with bath)

Bath ***50% off when your pet spends at least 3 nights***

Groom (Haircut)

OWNER RELEASE:

The clinic and staff will NOT be held liable for any problem that develops provided reasonable care and precaution are followed. I understand that any problem that develops with my pet while I am absent will be treated as deemed best by the veterinarian and I ASSUME FULL RESPONSIBILITY for the treatment expense involved.

I have read, understand, and agree to the Animal Clinic of North Topeka's Boarding Policies.

Signature _____

Date _____

Emergency Phone Number _____



Animal Clinic of North Topeka P.A.

Boarding Belongings

*****Please do not bring items with your pet that are valuable or irreplaceable. The Animal Clinic of North Topeka is not responsible for loss or damage to any personal item or toy left with your pet*****

Client _____ Pet _____

Date In:	Date Out:
<input type="checkbox"/> Bed	<input type="checkbox"/> Bed
Description: _____	
<input type="checkbox"/> Bedding (towels, blankets, pillows)	<input type="checkbox"/> Bedding
Description: _____	
<input type="checkbox"/> Leash, Collar, Harness	<input type="checkbox"/> Leash, Collar, Harness
Description: _____	
<input type="checkbox"/> Toys	<input type="checkbox"/> Toys
Description: _____	
<input type="checkbox"/> Food/Container	<input type="checkbox"/> Food/Container
Description: _____	
<input type="checkbox"/> Bag (items placed in)	<input type="checkbox"/> Bag
Description: _____	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Owner Signature: _____	
Staff Signature: _____	