

# THE ANIMAL HOSPITAL BOARDING KENNEL REGISTRATION FORM

PLEASE BOARD \_\_\_\_\_

Please Note: It is not always possible to extend boarding times due to fullness of the facility. If space is available, full payment of the original boarding dates is required before additional dates may be added. **We require weekly payments for long-term boarders.**

Sex \_\_\_\_\_ Color \_\_\_\_\_ Neutered/Spayed \_\_\_\_\_

Pet's Breed \_\_\_\_\_ Pet's Age \_\_\_\_\_

**PLEASE NOTE THAT BOARDING IS CHARGED BY THE DAY. YOU  
WILL BE CHARGED FOR THE DAY OF CHECK-IN AND THE DAY OF  
PICK-UP REGARDLESS OF HOURS.**

OWNER \_\_\_\_\_ HOME PHONE \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Place of Work \_\_\_\_\_ Work Phone \_\_\_\_\_

Drivers License # \_\_\_\_\_ SS# \_\_\_\_\_

Credit Card: MC VISA AmEx Discover Name on Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY NUMBER \_\_\_\_\_

Pet's regular Veterinarian \_\_\_\_\_ Phone \_\_\_\_\_

Please list any pet allergies \_\_\_\_\_

Please list type of flea control used on your pet  
\_\_\_\_\_

(If your pet is not using flea control we will not board your pet. If we see any evidence of fleas after admission, we will use *Frontline* or *Capstar* at a charge to you of \$15.00.)

SPECIAL INSTRUCTIONS; What are your pet's likes and dislikes?  
\_\_\_\_\_

**I HAVE RECEIVED A COPY OF THE ANIMAL HOSPITAL BOARDING  
KENNEL CLIENT INFORMATION SHEET AND UNDERSTAND ALL  
BOARDING POLICIES:**

PLEASE SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_