

MERRITT ANIMAL CLINIC

BOARDING PASS CHECKED IN BY: _____

OWNER'S NAME: _____ DATE: _____

PET'S NAME: _____ WEIGHT: _____

RETURN DATE: _____ EMERGENCY PHONE: _____

ALL PETS COMING IN TO BOARD MUST HAVE CURRENT YEARLY EXAMS AND VACCINATIONS AND BE FREE OF EXTERNAL/INTERNAL PARASITES. ALL VACCINES MUST BE GIVEN AT LEAST 7 DAYS PRIOR TO BOARDING APPOINTMENT.

TYPE OF FOOD: _____ HOW MUCH: _____

HOW OFTEN: _____

MEDICATIONS: _____

BATH BEFORE GOING HOME: YES _____ NO _____ (THERE IS A BATH CHARGE)

WHAT TYPE OF FLEA/TICK PREVENTION IS YOUR PET ON:

COMFORTIS ___ VECTRA 3D ___ TRIFEXIS ___ BRAVECTO ___ ADVANTAGE ___

FRONTLINE PLUS ___ REVOLUTION ___ DATE APPLIED/GIVEN _____

ITEMS LEFT AT CLINIC: _____

DO WE HAVE YOUR PERMISSION TO EXAMINE AND TREAT YOUR PET(S) IN THE EVENT OF AN EMERGENCY OR IF A HEALTH PROBLEM ARISES WHILE BOARDING?

YES _____ NO _____ INITIAL _____

*****IF YOUR SCHEDULE CHANGES*****

WE BATHE YOUR PET(S) THE DAY THEY ARE SCHEDULED TO GO HOME, WE ASK THAT YOU CALL US IF THERE IS A CHANGE IN RETURN DATE.

PICK-UP TIMES ARE AS FOLLOWS:

MONDAY THRU FRIDAY: 2:00-5:00 PM

SATURDAY, SUNDAY, & HOLIDAYS: CLINIC WILL BE CLOSED

INITIAL _____

**I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY/ALL COST INCURRED
IN THE TREATMENT OF MY PET(S)
PAYMENT IS DUE UPON PICK UP.**

OWNER'S SIGNATURE _____ DATE _____