

# Brook-Ellis Pet Hospital Pet Boarding Information

1. Boarding Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Pick up time: \_\_\_\_AM \_\_\_\_PM

2. List ALL items brought with your pet:

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3. Vaccination History\*:  Current (see BEPH records)  Records Provided

\*Brook-Ellis Pet Hospital requires that each pet be current (**within 11 months**) on DHPPBB or FVRCP. If not current, pet(s) will be vaccinated at client's cost. \_\_\_\_\_(initial)

4. In case of an emergency, do you want to be contacted?  YES  NO

If yes, please list place(s) and phone number(s):

Location: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

In case you cannot be contacted, leave an additional emergency contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

5. Are there any medical problems that will need attention during the stay?  YES  NO

If yes, please list below and ASK FOR ESTIMATE OF COSTS PRIOR TO LEAVING:

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6. Important Past Medical History:

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7. Please list medications your pet is on: *There is a \$5.00 administration charge per day*

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8. Do you want your pet(s) bathed?  YES (*Additional charges apply*)  NO

If your pet(s) gets dirty during its stay and a clean up bath is required, there will be a \$16.00 charge. \_\_\_\_\_(initial)

9. For the protection of you pet and other pets boarding, if your pet(s) are found to have fleas, they will be treated with a single application of Advantage at client's cost. \_\_\_\_\_ (initial)

If you have your pet(s) on flea control, please list last application date and type:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type: \_\_\_\_\_

10. What diet is your pet on? \_\_\_\_\_ How many times a day? \_\_\_\_\_

11. Temperament with Strangers:  Friendly  Shy/Nervous  Aggressive  Unpredictable  Other

**12. Please be aware that boarding an animal, can be very stressful for him/her. We take every precaution to ensure your pet has a safe and comfortable stay with us. In the event of an unforeseen illness or injury, medical expenses incurred are the responsibility of the pet owner/guardian. \_\_\_\_\_(initial)**

If your pet should show signs of illness while boarding at Brook-Ellis, would you like us to:

Administer any necessary medical treatment (*You will be responsible for fees created by treatment*)  
\_\_\_\_\_(initial)

Call emergency contact for permission to treat

Withhold treatment

Other (specify): \_\_\_\_\_

**\*\*\* A 50% deposit is required for new clients\*\*\***

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_