

**MONTICELLO ANIMAL HOSPITAL  
BOARDING ADMISSION FORM**

**The following vaccinations are required for boarding:  
Dogs: Rabies, DHPPC, Bordetella (every 6 months)  
Cats: Rabies, FVRCP, and Feline Leukemia status must be known**

**All pets are required to be free of fleas and ticks. They must also have a fecal sample examined for worms during the past 12 months. A medicine dispensing fee of \$5.00/day will be charged to boarding pets with medication on days in which the medical staff must come in after hours to give.  
\*\*Should any parasites be found, treatment will be performed and charged to the owner as well as any medical care deemed necessary by the veterinarian.**

**BOARDING INFORMATION:**

AM \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ PICK UP DATE: \_\_\_\_\_ PM \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

PET'S NAME: \_\_\_\_\_

**BELONGINGS:**

COLLAR \_\_\_\_\_ LEASH: \_\_\_\_\_

BLANKET/BED: \_\_\_\_\_ TOYS: \_\_\_\_\_

OTHER: \_\_\_\_\_

FOOD/DIET: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ANY OTHER ADDITIONAL INFORMATION: \_\_\_\_\_

**ADDITIONAL SERVICES WHILE BOARDING (CIRCLE ALL THAT APPLY):**

Canine vaccines	Fecal exam	Heartworm test
Feline vaccines	FELV test	Grooming/bath
Physical exam	Dental	Nail trim

**Authorization:** I authorize Monticello Animal Hospital to board and care for the above named pet(s). Should a medical or emergency situation occur, I authorize whatever treatment is necessary and will remain fully responsible for the cost of all services provided.

SIGNATURE: \_\_\_\_\_