

Monroe Veterinary Clinic
823 East Spring Street - Monroe, GA 30655
(770) 267-3690

I, _____, am leaving _____ for boarding at Monroe Veterinary Clinic
First and Last Name Pet's Name

My pet will be boarding from ____/____/____ until ____/____/____ and will pick up my pet at ____:____ AM or PM
Check - In date Check - Out date

Emergency Contact: _____

Emergency Contact Phone number(s): _____
(This person, if other than yourself, needs to be able to make financial and medical decisions for you and your pet if you are unable to be reached)

Please list any behavioral problems that we should be aware of:

If your pet requires medication our staff will be happy to administer it for you while you are way. There is an additional fee for giving medication while boarding. The fee is \$4.96 per day.

1. Medication name: _____
_____ tablet(s) Frequency: _____ was this medication given today? _____

2. Medication name: _____
_____ tablet(s) Frequency: _____ was this medication given today? _____

3. Medication name: _____
_____ tablet(s) Frequency: _____ was this medication given today? _____

Please circle any of the following services that you would like to add to your pets boarding reservation (additional charges will apply)

Full Service bath Professional Grooming - if appointments are available Basic Nail trim Nail Dremel Toothbrushing

Vaccinations required for boarding:

Canine: Distemper Parvo, Rabies and Kennel Cough **Feline:** FVRCP and Rabies

If your pet is in heat while boarding, there will be an additional charge of \$7.00 daily

Monroe Veterinary Clinic does not recommend boarding pets together due to the stress of having to share a confined space. If you desire your pets to be boarded together, you will be financially responsible for any necessary medical or surgical fees incurred while boarding with us. Please initial if you wish for your pets to board together _____

In signing below, I agree that the information above is accurate. The arrival date, discharge date and time are correct & I understand that my pet cannot be picked up on Saturday after 12:00 pm, on Sundays or Holidays. I am aware of the hours here at Monroe Veterinary Clinic (MVC) and understand that no pet will be discharged before/after office hours. It is also my responsibility to provide proof of vaccination records (if not current with MVC) at the time of drop off. If my pet is due for vaccinations, they will be administered at my expense. MVC takes great care to provide appropriate bedding, sanitized bowls, and appropriate toys. We prefer that personal items are left at home (other than food and medications). I understand that if an exception is made to allow personal items, MVC will not be held responsible for damage or loss of such items. I also agree to allow MVC to perform any service(s) needed should my pet become ill or an emergency should arise while boarding. I understand that I will be responsible for any costs that are incurred, understanding that every reasonable effort will be made to contact me and/or my emergency contact person listed above prior to initiation of extensive treatment.

Signature: _____ Date: _____

Clinic Staff use only:

Vaccines/Services to update:

- Distemper - Parvo
- Rabies 1yr - 3yr
- Kennel Cough
- HWT
- Fecal
- Lyme
- Wellness BW
- FVRCP
- Leukemia
- Combo Test