

Beltsville Veterinary Hospital Boarding Checklist

Date In: _____ Time In: _____ Date Out: _____ Time Out: _____

Owner/Client's Name: _____

Emergency Contact Numbers: _____

Pet's Name: _____

Circle One: Canine Feline

Walks (for canines only) *Walks are \$2.00 per walk.* **Please circle:** None 1 2

FEEDING

Date/Time of last feeding: _____

Please circle:

brought own food use hospital's food wet dry wet/dry mix

Feed how often: **Please circle** 1x in AM 1x in PM 2x daily 3x daily

Please list **any allergies:** _____

MEDICATIONS: Please list, if any

Name/Strength: _____

Instructions: _____ Last given: _____

Name/Strength: _____

Instructions: _____ Last given: _____

Name/Strength: _____

Instructions: _____ Last given: _____

Name/Strength: _____

Instructions: _____ Last given: _____

Additional comments/requests: (***Requests that require a doctor's attention or grooming requests, a charge will apply.***)

***Please note:**

- **Our kennel is not responsible for items such as blankets, toys, bowls, leashes and collars. It is recommended that you leave these items at home.**

- **If fleas are found on your pet, flea treatment will be administered to your pet at your expense.**

Permission to Treat

I request that medical treatment be administered to my pet as deemed necessary should the need arise. I will assume full financial responsibility for such care.

Signature: _____ Date_____

Permission to Walk (for canines boarding)

Our kennels and runs are completely indoors. We do not have a fenced area to walk your dog outdoors. Understanding that all possible precautions will be taken, I will not hold Beltsville Veterinary Hospital responsible in any way should my pet escape while being walked at my request.

Signature: _____ Date: _____