

AVIMP Boarding Form

Client:

Patient:

Patient ID#:

Client ID #:

Home:

Other:

RDVM:

Phone:

Fax:

Today's Date: _____

Is all the above information correct? _____

What is the emergency number to contact you at while your pet is here boarding? _____

Day/Time you will be dropping your pet off? _____

Day/Time you will be picking your pet up? _____

Please list your pet's medical condition. _____

Please list all medications, the exact dose and time given each day and **when they are next due.**

What kind of food do you feed your pet at home? _____

What time did your pet last eat? _____

How much food and how many times a day do you feed your pet? With medications? _____

Any special instructions? _____

Does your pet have any food or medication allergies? If so, please list.

In an emergency situation, do we have your permission to administer any necessary medications or treatments during your pet's stay here in the event we can not reach you?

Please mail this form or fax it to 330-670-2375. Boarding charges vary based on weight, medications, and other special treatments. Someone from our office will be contacting you to give you a estimate for boarding your pet. What is the best number for someone to call you at during the day? _____

If you have any questions regarding this form please contact us at 330-670-2351.

Thank you!