

Boarding Information Sheet

Drop off/Pick up Hours:

Mon/Wed/Fri 7:30-4:30, Tue/Thurs 7:30-6:30, Sat 9-11

Closed Sundays & Holidays

Tel 402-334-1660

www.animalclinicsuburban.com



ANIMAL
CLINIC
SUBURBAN

ARRIVAL DATE: _____ DEPARTURE DATE: _____

Owners Name: _____ Pet's Name: _____

Emergency Contact & #: _____

VACCINATION & HEALTH REQUIRMENTS

In order to keep your pet healthy, up to date vaccinations & heartworm testing are required to prevent the spread of common diseases. Pets should be vaccinated at least 2 weeks before their scheduled stay in order to be properly protected. Pets not current will be vaccinated or heartworm tested upon arrival at the owner's expense.

- Dogs- Distemper/Parvo/Adenovirus (DA2PP), Rabies and Bordetella
- Cats- Panleukopenia/Rhinotracheitis/Calici (FVRCP) and Rabies

PARASITES

Pets must be free of internal and external parasites upon boarding. Pets must be current on a topical flea/tick preventative. Be advised we will apply flea/tick or administer deworming medication at the owner's expense if needed.

Please apply flea/tick preventative I applied _____ to my pet at home within 20 days of boarding

FEEDING INSTRUCTIONS

Please provide food Food provided by owner _____ cups _____ times a day

MEDICATIONS

- Medication _____ Frequency Given _____ Needs today
- Medication _____ Frequency Given _____ Needs today
- Medication _____ Frequency Given _____ Needs today

PERSONAL BELONGINGS

Feel free to bring personal belongings like toys or treats to make your pet's stay more comfortable. Be advised that belongings/bedding can become soiled or misplaced in the process of cleaning, and some items cannot be washed. For these reasons we ask that dog beds or large bedding be left at home. We are NOT responsible for lost or soiled items.

- Items brought _____

ADDITIONAL CARE

Bath and Nail Trim Nail Trim Only Exam to check _____

MEDICAL ATTENTION

One of the advantages of boarding your pet at Animal Clinic Suburban is that medical attention is readily available should the need arise. If your pet becomes ill we will attempt to contact you at the number listed above to discuss symptoms and treatment options. If you cannot be reached, your pet will be treated as we deem necessary at standard hospital fees.

TERM OF ACCEPTANCE AND SIGNATURE

As the owner, I have read and fully understand this agreement, and assume full financial responsibility for this/these pets.

Owner's Signature _____