



Mount Dora Veterinary Hospital

Boarding Form

Boarding Dates: _____ to _____

Bath? YES NO

Date: <date>

Owner: <first-and-spouse> <last-name>

Address: <address>

<city>, <st> <zip>

Client #: <number>

Animal: <animal>

Age: <age>

Weight: <weight>

Breed: <breed>

Color: <color>

Species: <species>

Sex: <sex>

TERMS:

- All animals must have CURRENT and VERIFIED vaccines.
- Any animals infested with FLEAS will be treated at the owners' expense.
- If your animal develops a condition requiring MEDICAL ATTENTION and a responsible party cannot be contacted, treatment deemed necessary by the attending veterinarian will be done at the owner's expense.
- Any animal left more than 5 days after schedules departure date may be considered abandoned unless this office receives notification that the pet will be staying longer.
- Mount Dora Veterinary Hospital is not responsible for lost or soiled belongings.

Signature: _____ Emergency Phone # _____

Treatments due:

<reminders>

Belongings:

Medications:

Food/Medication Instructions:

Requested Services:
