

Pierson Pet Hospital
BOARDING Information

Owner's Name _____

Pet's Name _____

Emergency # 1st _____

2nd _____

Date In _____ Pick-up Date _____ Day _____

Time 9-11 4-5:30 or Sun 4-5

Accommodations _____

Groom on which date _____ TLC package Yes or No

Bath and TNT by boarding if so date to be done _____

List items brought _____

Feeding instructions _____

Any other concerns _____

Locker # _____

Diabetic Pets—Please be advised if a Doctor or Technician is called in over the weekend or after hours for your pets care, there will be an additional fee for services. _____ Owners Initial

If not up-to-date or unable to provide proof of vaccinations, I give my permission to update my pet vaccinations in accordance with hospitals policy. In addition, If any fleas/ticks are observed on your pet while boarding, hr/she will receive flea treatment at owner's expense.

I have read and understand this agreement. I fully intend to pick up my pet on the above-specified date. If circumstances change I will notify you as soon as possible.

_____ Date

_____ Owner/Agent for Pet's