

BOARDING DROP OFF SHEET

A) OWNER NAME _____ DATE _____

Alternative Phone _____

Other Contact Information _____

B) PET'S NAME _____

C) **IN CASE OF EMERGENCY:**

In case my pet needs urgent care while boarding at Good Samaritan Veterinary Hospital, I authorize any necessary treatment to be done. If I cannot be reached, I release authority to:

Name _____

Phone _____ Alternative Ph #: _____

Owner Signature _____

D) **FEEDING INSTRUCTIONS: (CHECK ONE)**

___ **Good Sam Diet** (we feed your pet our food)

___ **Custom Diet** (we feed your pet the food you bring)

Type _____ How Much? _____ Times Per Day _____

Fed Today? _____ What Time? _____

Additional Instructions _____

E) **MEDICATIONS: (IF YOUR PET IS ON MEDICATIONS, FILL OUT THIS SECTION BELOW):**

a. Medication _____ Amount given _____ Times/Day _____

b. Medication _____ Amount given _____ Times/Day _____

c. Medication _____ Amount given _____ Times/Day _____

d. Medication _____ Amount given _____ Times/Day _____

Has your pet been medicated today? _____ What time? _____

F) **ADDITIONAL SERVICES** (Check all that apply):

___ **Bath** ___ **Nail Trim** ___ **Anal Glands** ___ **Body Shave** ___ **Sanitary Clip**

G) **FLEA MEDICATION?** If not, or if fleas are seen, we will charge for and administer a Comfortis, for the protection of both your pet and our other boarders.

On flea medication? _____ Type? _____ Last applied? _____