

Merrifield Animal Hospital Boarding Form

Staff Initials:

Date: _____

	Patient:	Owner:			
XX	Pick up Date:	Pick up Date:Pick up Time:		-	
Boarding is charged per pet on the day of checkout wi		•	•		
	Type of Boarding:	☐ Upgraded	☐ Standard		
In case of emergency or i	ssues during my pets sta	y, please call the follo	owing number(s) - list in	order of preference:	
1.)		2.)			
Person Picking up: _		Phone number:			
We provide food and bed	lding for all boarders. If y	ou'd like to bring you	r own, please provide ac	dditional information:	
Own Food	- Brand:	Amount: _		house food	
	Belongings:and that we are not respo				
	_			•	
Medications: <mark>Yes / No</mark>	<u>-</u>		oplies** Please comple	ete Medication Form	
For your net's protection	Board n, as well as our other bo	ding Requiremen		ent on the following:	
	i ve: Must Have Been App		•	and on the remember	
	Date Given:			single dose (fee applies)	
 Vaccines: If your p If your pet is not up- Dog 	et's vaccines are given	elsewhere, proof o performed when we a DHPP), Annual Bordo	f vaccinations are requadminister vaccines (isoletella, Semi-Annual Fe	uired <u>before</u> admission. lation charge may apply). cal Test	
	_	Addition Services			
Camp Merrifield (Ṣ ☐ Daily	25 per day) ** <i>Not av</i>		ends or Holidays** cific Days:		
· 🛁	nils Nail trim ge A natural remedy g ural Calming Remedy (\$6	•	Anal Expression Anal Expression Pets		
	er Forti-Flora, a probiotic pet with Forti-Flora (if n	·	arrhea. (7 days, \$27) No, please call first		
during my pets sta and I will be fina State law requires	e staff will make every ray at the hospital. If I cancially responsible for us to inform you that we . In some instances, your	annot be reached, n all costs. I understa are an animal care fa	ecessary steps will be nd that payment is du ncility that does not prov	taken to treat my pet e at time of pick up. vide 24 hour continuous	

Signature: