

PROVIDENCE VETERINARY HOSPITAL & CLINIC
2304 PACIFIC AVE / 1409 WEBSTER ST
ALAMEDA, CA 94501
(510) 521-6608
(510) 521-5775

FOR OFFICE USE ONLY:

LAST EXAM: _____

VACCINES VERIFIED: _____

FLEA CHECK: _____

FLEAS: _____

CLIENT'S NAME: _____

PET'S NAME: _____

ADMISSION DATE: _____ **PICK-UP DATE:** _____

(Closed Sundays and Holidays) Please note that changes to the reservation require 24 hours notice, and we may not be able to accommodate all requests.

PROVIDENCE VETERINARY HOSPITAL & CLINIC provides boarding services for our clients. All boarders must have been examined by one of our veterinarians in the last year. This enables us to be aware of physical changes and temperament. All pets must be current on their vaccinations, and we must have written proof on file prior to admission. Pets must also be free of fleas or a flea treatment will be administered at an **additional charge**.

PROVIDENCE VETERINARY HOSPITAL & CLINIC feeds Hills Prescription Diet and Science Diet products twice daily. If you prefer, we will feed your pet's diet which you bring from home.

PET IS TO BE FED: own food regular special diet _____

Amount to be given at each meal: _____

If more than one pet from your household is boarding, can they be housed together? Yes / No

Is your pet allowed to have treats? Yes / No

What **medications** are to be administered for your pet and at what dosage? PROVIDENCE VETERINARY HOSPITAL & CLINIC will give routine medications for an additional daily cost. All medications must be in a labeled prescription container.

Are any more medications due today? _____

While your pet is boarding, are there any services that we can perform?

___ Physical Exam What are your concerns? _____

___ Vaccines (May require physical exam)

___ Bath (schedule permitting) **Baths are given the day of departure, and pick up is after 3:00PM**

___ Nail Trim

___ Flea control treatment

___ Dental cleaning +/- lab work

___ Microchip

___ Other _____

If we find non-emergency health problems (such as an ear infection or hot spot):

___ Please go ahead and treat my pet

___ Try to contact me first. If I cannot be contacted, go ahead and treat my pet.

The following personal belongings are being left. PROVIDENCE VETERINARY HOSPITAL & CLINIC accepts no responsibility for loss or damage to these items. Pets often damage or destroy them. All items need to be clearly labeled with your pet's name.

Emergency contact: (Please provide two)

Telephone _____ Other _____

In the event of a life-threatening situation, if I cannot be contacted after a reasonable effort is made, I authorize PROVIDENCE VETERINARY HOSPITAL & CLINIC to perform necessary treatment up to the amount of \$ _____.

I hereby authorize Providence Veterinary Hospital & Clinic to board my pet and to perform the services indicated above. I am responsible for payment in full at the time my pet is released.

Owner / Owner's Authorized Representative Signature

Date