



BOARDING FORM

CLIENT INFORMATION:

First Name: _____ Last Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

Please list those whom are authorized to pick up your dog:

1.) Name: _____ Relationship: _____

Veterinarian (complete if not KMVS):

Clinic Name: _____ Telephone Number: _____

PET GUEST INFORMATION

Dog's Name: _____ Breed: _____

Did your pet come with their own food? Yes No If yes, what brand? _____

Did your pet come with any belongings? Yes No List belongings here: _____

What dates will your pet be boarding with us? _____

What date/time will you pick up your pet? _____

MEDICAL HISTORY

Is your dog currently taking any medications? Yes No

**NOTE: IF YOU CHECKED YES, YOU WILL NEED TO FILL OUT AND SIGN A
MEDICATION ADMINISTRATION FORM FOR EACH PET. THERE WILL BE AN
ADDITIONAL FEE OF \$2.50/DAY.**

Has your dog been ill in the last 30 days? Yes No

Is your dog displaying any symptoms such as coughing, sneezing, or upset stomach? Yes No

TURN OVER TO COMPLETE AND SIGN FORM



Does your dog have any previous or current injuries, physical problems or health concerns, including allergies? Yes No If yes, please explain _____

VACCINATION RECORDS

Please list the current expiration dates for the following vaccinations: (front desk may complete once they've received proof of current vaccinations). Bordetella, Distemper and Rabies vaccinations are required in order to board. If vaccinations are required while boarding, an examination is also required.

FVRCP: \$29 FVRCPL: \$47 Rabies \$22 - \$44 DHPP/DHLPP \$23 Bordetella \$28 Exam \$44
Will your pet need any vaccinations? Yes No If yes, please circle the vaccines needed.

If KMVS finds evidence of ticks or fleas, treatment will be provided at owner's expense.

ACKNOWLEDGEMENTS

Bathing Selection: KMVS administers free checkout baths for guests boarding more than 2 nights.

Free Checkout Bath (requires more than 2 nights boarding)

Checkout Bath (bath only. Less than 2 days boarding) \$10.50

Full Bath (Includes nail trim, ear cleaning and anal gland expression) \$22.00-\$49.00

Will you need an estimate for services today? Yes No

Do you want to be called prior to treating your pet should treatment be necessary? Yes No

I, the undersigned, hereby acknowledge and agree that all the information in this application is complete and accurate to the best of my knowledge. I further attest that if I am not the sole owner or representative of the dog subject to this application that my signature is sufficient to enter into this application for and on behalf of any other owner or representative. I understand that the above vaccines are REQUIRED in order to board my pet at Kennesaw Mountain Veterinarian Services. Every reasonable precaution will be used against injury, escape or death of any pet. The clinic and staff will not be held liable for problems that develop with pet provided reasonable and precautions be followed. I understand that any problems that develop with my pet will be treated as deemed best by the staff veterinarians and I assume full responsibility for the treatment expense involved.

Signature of Owner: _____ Date: _____