



BOARDING & DROP OFF INFORMATION FORM

3786 Fort Henry Drive
Kingsport, TN 37663
(423) 239-6711

Account Number: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Cell Phone: _____

Patient: _____
Breed: _____
Age: _____
Color: _____
Sex: _____
Weight: _____

I understand that Fort Henry Animal Hospital cannot guarantee the health of <animal>. I will not hold the clinic responsible for conditions that are unavoidable in boarding kennels, such as but not limited to weight loss, hair loss, upper respiratory infections, bronchitis, diarrhea and fleas. I understand all pets admitted to the clinic must be protected against communicable contagious diseases and must be free of internal and external parasites or will be treated on entry or discovery at the owner/agent's expense. Fort Henry Animal Hospital wants to offer your pet the best available care. If there are any additional services you need for your pet, simply indicate the appropriate services below.

Proof of current vaccinations (worm check, rabies, distemper, bordetella) must be provided upon admittance or they will be administered at the owner's expense.

Drop-Off _____ Grooming _____ Boarding _____

Boarding from: _____ to _____

Services: _____

Grooming Instructions: _____

Do you have: **Medications** _____ (\$1.00 daily med fee) **Own Food** _____ **Treats** _____ **to be given while boarding?**

Medication Name(s) and Instructions:

- 1. _____ Give: _____ Start on: _____ AM/PM
- 2. _____ Give: _____ Start on: _____ AM/PM
- 3. _____ Give: _____ Start on: _____ AM/PM

Own Food:

Free Feed: _____ or Give: _____ Start on: _____ AM/PM
Treats _____ Give: _____ Start on: _____ AM/PM

Belongings (please be specific): _____

Special Instructions: _____

If additional treatment is needed while boarding:

- Please call me first before treating.
- Please treat as needed.