

Boarding Form

All Tails Wagging Veterinary Clinic
Avra Tracht, DVM
Susan Caputo, DVM

Pet's Name _____

Drop off date: _____ Pick up Date: _____

Owner's Name: _____

Phone number(s): 1. _____ 2. _____

*Emergency Contact: _____ Phone number: _____

*In the case that you are unable to contact me directly during an emergency situation, I authorize my emergency contact to make decisions on my pet's behalf.

X _____

Feeding instructions: _____
(How much given per meal? once/day, twice/day, or free feed?)

Brand of food: _____ Fed today? Yes/No What time? _____

Belongings: _____

Medication: _____ Last given: _____
_____ Last given: _____
_____ Last given: _____
_____ Last given: _____
_____ Last given: _____

Advantage/Frontline (circle one) last applied: _____

Please be aware that if your cat is found to have fleas, we will apply advantage at your expense.

What kind of affection does your cat like? _____

Is there anything else we need to know about your pet? _____

What treatment does your pet need during his/her stay with us?

According to our records, your pet is due for:

(To be filled in by ATW staff prior to pet's drop-off)

Please sign to authorize necessary treatments/costs: X _____

(We will make every effort to contact you with an estimate of cost prior to any treatment)