

**WELCOME TO DOGWOOD ACRES BOARDING FACILITIES**

Folder # \_\_\_\_\_

Owner name: \_\_\_\_\_ Date in: \_\_\_\_\_ Date out: \_\_\_\_\_

Pet name(s): \_\_\_\_\_

**(There is no charge for day of pick-up if pet is picked up before noon)**

I do hereby give Carrie Riley, DVM, her agents, servants, and/or representatives' full and complete authority to perform any necessary treatment/procedure that, at her discretion, may be needed to maintain the health of the above described pet.

**You will be charged for flea prevention if there is no proof your pet has been on prevention. OTC products are not acceptable.**

Services requested while pet is at our facility:

<input type="checkbox"/> Exam	<input type="checkbox"/> Anal glands	Flea trtmt _____
<input type="checkbox"/> Nail trim	_____	Product provided by: _____
<input type="checkbox"/> Bath	_____	Applied by: _____ on _____

**VACCINATION HISTORY:**

PET NAME	_____	_____	_____	_____
	Wt _____	Wt _____	Wt _____	Wt _____
Vaccination History	DATE GIVEN	DATE GIVEN	DATE GIVEN	DATE GIVEN
DA2	_____	_____	_____	_____
Rabies	_____	_____	_____	_____
Bordetella	_____	_____	_____	_____
Feluk	_____	_____	_____	_____
FVRCP	_____	_____	_____	_____
Heartworm test	_____	_____	_____	_____
Fecal	_____	_____	_____	_____

Please list items left with your pet(s). (food, bowls, bedding, toys, etc.)

\_\_\_\_\_

Medications and instructions: \_\_\_\_\_

Feeding instructions: \_\_\_\_\_

**Dogwood Acres Veterinary Clinic will not be responsible for items left with your pet**

I have read and understand above and agree to the terms and conditions of Dogwood Acres Veterinary Clinic:

_____ Signed	_____ Date	_____ Emergency Telephone #
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**Please examine your pet upon pick-up. Clinic is not responsible for problems found after leaving premises.**