George County Veterinary Clinic

Boarding Form

Pet Name		_ Client Name:		
Client Phone (H)_		_ (C)	Email	
Pet Description:	Breed	Color	Age:	
Adult DoKittens MPuppies I	ts Must be curren gs Must be currei Nust be at least 12	nt on Rabies. nt on Rabies, and Bo 2 weeks of age and	ordetella (Bordetella ever have received (2) FVRCP v have received (2) Distem	vaccines
acknowledges that seemingly healthy GCVC liable for any	they are placing the pets. If following a rinadvertent expose	e pets into an area in provided service date ure the pet may have	ted to receive Boarding serve which communicable diseased the pet shows signs of illness received, and that if the clied by GCVC at full cost to the	es may pass between ss, the client may not hold nt requests an exam,
pets at no addition because the care, of even if pets are how time of arrival. If the	al cost for use durir cleaning, feeding, w used in a single enc he pet is picked up	ng the boarding stay. E alking, etc takes place losure. The account is before 11:00am there	uring boarding stay. GCVC propositions charges "per day" during the day. There will be charged for the pet's day of departure day there will be a ch	rather than "per night" De a charge per pet per day, If arrival regardless of the Inture; if the pet is picked
Food				
Feeding Instructi	ons			
Medications				
Med Instructions	-			
Toys/Bedding				
Leashes/Collars_				
Owner				
Signature				