

# North County Animal Hospital Boarding Information

Owner's Name:

Patient's Name

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Numbers to reach you:

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Did you bring your own food?

If so, what kind?

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Feeding instructions:

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If you have multiple animals, do you want them boarding together?

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Is your animal currently on any medications?

If so, please list:

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Would you like an examination by the doctor if exam is due?

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If animal is due for basic medical treatment inc vaccines or insertion of microchip, do you give us permission to do so? Please list:

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If so, do you prefer a cost estimate prior?

If a medical emergency arises, do you authorize

NCAH to perform medically necessary procedures in the event we cannot reach you?

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Are you leaving any personal belongings with your pet?

If so, please list:

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Is your dog a fence jumper (4') or a digger?

Does your dog get along with other dogs?

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Would you like your dog to spend time in our play yards alone or with other dogs?

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Additional comments/special needs:

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Today's date:

Pick up date:

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Owner signature: