

Sycamore Veterinary Services Boarding Form

Phone: (706) 353-2696 Fax: (706) 353-2697

Owner's name: _____

Pet's name: _____ Type of pet: _____

Emergency contact name and number(s): _____

Permission to treat diarrhea if it occurs? _____ Who will be picking up your pet? _____

Our computer will generate vaccine reminder notices for your pet.

If you do NOT wish to receive notification that vaccines are due, please initial here. _____

If it is determined that your pet is not current on our boarding requirements, we are happy to update when you arrive.

Exams (\$45) may be required.

Requirements (Vaccines must be administered by a veterinarian). Please circle items to be done and initial here: _____

Dogs: Exam, Rabies, Distemper (DHPP), Bordetella, fecal (negative)

Cats: Exam, Rabies and Distemper (FVRCP).

Please note: Charges will be based on the pet's incoming weight.

Check in date: _____ Pick up date: _____ AM PM **** Payment is required at time of pick-up. ****

Are there any problems we should know (allergies, storm phobia, etc)? _____

There is a \$3-\$8 charge **per day** for administering medications or supplements. Please give instructions.

We feed twice a day. If we are using your food, how much should he/she be given at each feeding? _____

FLEA POLICY

All pets will be checked for fleas upon arrival. If fleas are seen, your pet will be treated at your expense (\$7.50)

Optional Services

Please initial the following if you would like to add this to your boarding. Additional charges will apply:

Exam (concerns?) _____ Nail trim: _____ Bath (nails included): _____ DATE: _____

ADDITIONAL WALKS: If you would like your dog walked **more than** twice daily, the fee is \$4 per additional walk.

Number of **additional walks per day**? _____ Total# _____

PLAYTIME: Supervised playtime (20-minute sessions, \$8 per session). Number of **sessions per day**? _____ Total# _____

(Please note, we cannot guarantee the availability of more than 2 sessions per day)

Owner/Agent's signature: _____ Date: _____

FOR OFFICE USE ONLY: WEIGHT: _____ **Check in (schedule, form, card)** _____ / _____ **Rev. 09/19**