Cheat Lake Animal Hospital

Boarding Drop Off Form --- One form for each pet please.

Client Name: _____

Pet Name: _____

Drop Off Date: _____

Pick-up Date: _____ AM or PM?

Emergency Phone # 1:_____

Emergency Phone # 2:_____

Food (circle one): Pet's Own Food or Clinic's Food

Type of Food (if pet's own):_____

Feeding Frequency (circle one): Once-Morning Once-Evening

Twice Daily Free Feed

If your pet is on any medications, please note the medication and the dosing instructions below. PLEASE NOTE THAT THERE IS A MINIMAL FEE FOR EACH MEDICATION ADMINISTRATION:

Type:_____ Frequency:_____

Type:_____ Frequency:_____

Type:_____ Frequency:_____

Would you like any services performed on your pet during his/her stay? Please note here and inform the receptionist of these upon drop-off:

_____

_____

_____

Pet Belongings: _____

By signing below, I give the veterinarians of the Cheat Lake Animal Hospital permission to treat the above pet in an emergency situation. I have also read and understand the policies of the Cheat Lake Animal Hospital pet lodging facilities:
NOTE: THERE IS A HALF NIGHT CHARGE FOR EACH PET ON SUNDAY NIGHT PICK UP.

SIGN HERE:_____DATE:_____