



Cheat Lake Animal Hospital Boarding Drop-Off Form

INSTRUCTIONS: Please fill in this form (you can type in the blanks, if desired). Then print, sign, and give it to the receptionist when you come in.

NOTE: One form per pet, please! Fields marked with ** are required.

Client's Name** _____

Pet's Name** _____

Your E-mail Address** _____

Emergency Phone #1** _____

Emergency Phone #2 _____

Drop-Off Date & Time** _____

Pickup Date & Time** _____

Please feed my pet the following:**

Pet's Own Food

Clinic's Food

Type of food (if pet's own) _____

Feeding Frequency**

Once (Morning)

Once (Evening)

Twice Daily

Free Feed

Medications:

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.

Medication 1 Type: _____

Medication 1 Frequency: _____

Medication 2 Type: _____

Medication 2 Frequency: _____

Medication 3 Type: _____

Medication 3 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 checking this box, I give the veterinarians of 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 pickup.

I have read and understand the above information.

Signature** _____

Date** _____