

1st Time Boarding Registration

Client Information

Owners Name (Last) _____ (First) _____

Street Address _____

City, State & Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E Mail: _____

Additional Contact Name: _____

Patient Information

Pet's Name: _____

Breed: _____ Color: _____

Age: _____ Spayed/Neutered? _____

Is your pet currently on any medication? _____ If so, what kind? _____

Dosage and time to be given: _____

How often does your pet eat? _____ How much each time? _____

Does your pet have any food allergies? _____

Are there any medical concerns we should be aware of? _____

Does your pet play well with other animals? _____

Is your pet ever aggressive with humans or other animals? _____

Has your pet ever boarded before? _____ Did he/she have any problems? _____

Are you leaving any belongings with your pet? If so: what? _____

Last Flea/Tick application was applied on: _____

I understand that all vaccinations and a fecal test (negative) must be current on my pet before entry in to the Pet Suites and that Plymouth Heights Pet Hospital will need proof of this from my normal clinic. We will have you fax all history at least 1 week prior to boarding with us to (763) 544-4165.

Name of clinic where vaccinations were last given is: _____

Phone: _____



****We do require an exam at our clinic for any animal over 10 years old that we have not seen before. This is so we can take the best care possible of your older pet and ensure that your pet will do well in a boarding situation. Also, our doctors want to be aware of all the pertinent medical history.***

Boarding hours:

Monday-Saturday Drop Off: 8:00-10:00am

Monday-Friday Pick Up: 4:00-6:00pm

Sunday (pick up only) 8:00-10:00 or 4:00-6:00pm *There is always a 2 day minimum charge on the weekends*

Date/Time I will drop my pet off will be: _____ Pickup: _____

While I am away I can be reached at: _____

If I cannot be reached please contact: _____

If my pet develops any health problems while at the Pet Suites, I authorize the veterinary staff to treat the problems as necessary for the comfort and well-being of my pet. The clinic will attempt to try and reach me if the problem is serious, however; if I cannot be reached they will go ahead with any necessary diagnostics or therapeutics as recommended by the doctors. I will consent to be responsible to pay any fees incurred for the necessary treatments.

I also understand that Plymouth Heights Pet Suites is not responsible for the cost or replacement of any damaged or lost personal items that I leave with my pet while staying in the Pet Suites.

I have read and understand this authorization and give my consent for my pet to be boarded at the Plymouth Heights Pet Hospital. I understand the first time my pet stays at the clinic I will pay in advance and each time thereafter I will pay at discharge.

Signature of owner

Date