

Inver Grove Heights Animal Hospital

7131 Cahill Ave
Inver Grove Heights, MN 55076
651-451-4404

Boarding Admission

Boarding dates: _____ to _____

Name: _____
Last First Phone while you're away

Emergency Contacts: *Person(s) authorized to make decisions regarding your pets care should you be unreachable*

Name and phone _____

Person that will be picking-up boarding pet _____

Pet Information

Pet's Name: _____ Breed: _____ Weight: _____

Feeding Instructions: (our hospital diet is Science Diet Maintenance dry food)

Hospital Diet Own Food (list brand, canned or dry?) _____

Frequency and quantities per feeding _____

Vaccinations: Canine guests are required to be current with their DAPP, Rabies, and Bordetella vaccines. Feline guests are required to be current with their FVRCP and Rabies vaccines. If your pet has received these vaccines from another facility, you must provide records to verify these vaccines are current. If any vaccinations are past due, your pet will be required to be vaccinated at time of boarding for their protection.

- My pet's vaccines are current and on record at IGHAH
- My pet's vaccines are current and I will supply the records from another veterinary clinic
- My pet needs to have the following vaccines updated _____

Medications: No medications needed Need refill of medication (list) _____

Brought own medications (list name of drug, last time given, when next dose needed)

Personal Belongings: (list and describe toys, bedding, treats, collars, leashes, etc. left with pet. *We provide your pet with blankets for their comfort. If you wish to bring items from home please label them clearly.*)

Additional Instructions: _____

Emergency Treatment: IGHAH is committed to the health and well-being of your pet. Should your pet become ill during its stay with us, we will try to the best of our ability to contact you or your representative. If we are unable to reach any of these parties, we will provide medical treatment and diagnostics as deemed necessary by the attending veterinarian.

I will assume financial responsibility for all charges incurred and agree to pay these charges at the time of discharge.

Signature of client responsible for pet(s)

Date