



# BOARDING CARD

Check out Date \_\_\_\_\_

Pet Name: <animal> <last-name>  
Pet Number: <number>  
Breed: <breed> Sex: \_\_\_\_\_  
  
Emergency Contact: \_\_\_\_\_  
  
Alternative Contact: \_\_\_\_\_  
  
Check In: \_\_\_\_\_ Check out: \_\_\_\_\_  
  
Comments: \_\_\_\_\_  
\_\_\_\_\_

Feline VIP Suite

Free Roam Time: (\$10/Day)  
\_\_\_\_\_

**Bath**  
 Standard (groomer)  Groom

Date: \_\_\_\_\_  
  
Pick Up Time: \_\_\_\_\_

**Feeding Instructions**

Pet Resort Food  
 Home Food  
 Free Eater  
 Feed Separately

AM Amount  
\_\_\_\_\_

PM Amount  
\_\_\_\_\_

**Medical Needs**  
(A fee of \$4.50=/day for administering medications, vitamins and supplements will be applied)

**Medication Name**  
\_\_\_\_\_

**Instructions**  
\_\_\_\_\_

**Medication Name**  
\_\_\_\_\_

**Instructions**  
\_\_\_\_\_

**Composure™**  
A soft chew supplement, to support relaxation in situations that cause nervousness, anxiety or stress in your pet.

**YES**, please allow my pet to have Composure. I understand I will be charged \$2.50 a day.

**Personal Items**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Needs to be fed     Needs medications    Has had: AM    PM    Medication

**During your pets vacations:**  
\_\_\_\_\_  
\_\_\_\_\_

I understand, authorize, and agree to the above services and charges while my pet is in Sugar Hill Animal Hospital's (SHAH) care. If I choose to board my pets together or have them partake in doggie daycare, I understand that SHAH is not responsible for any injuries that may occur. **In the event that my pet needs medical treatment and I am unable to be reached, I authorize SHAH to perform all necessary veterinary care. SHAH is not responsible for lost items that are left with your pet during the stay.** Lastly, I authorize SHAH to do all required vaccinations that my pet needs in order to stay in SHAH's care.

Signature \_\_\_\_\_

Date \_\_\_\_\_