

**MILLER ANIMAL HOSPITAL BOARDING ADMISSION FORM**

Name: \_\_\_\_\_ Pet: \_\_\_\_\_ Drop off Date: \_\_\_\_\_  
Pick up Date: \_\_\_\_\_

**SERVICES REQUESTED WHILE BOARDING:**

- Annual Physical Examination
- Anal Gland Expression
- Nail Trim
- Medical concerns to be check while boarding: \_\_\_\_\_

**Tests:**

- CBC/Chemistry
- FLV/FIV
- Heartworm Test
- T4
- Fecal
- Other \_\_\_\_\_

**CANINE:**

**Vaccinations**

- Distemper (required)
- Bordatella (required)
- Rabies (required)
- Canine Influenza (required)
- Lyme Disease

**FELINE:**

**Vaccinations**

- Distemper (required)
- Rabies (required)
- Feline Leukemia

**FLEA TREATMENT:** Animals found to have fleas or ticks will be treated.

**TREATMENT AUTHORIZATION:**

Should my pet become ill while boarding, I hereby authorize the Doctors of Miller Animal Hospital to prescribe treatment as required. I wish to be notified if the estimated cost of treatment will exceed \$45 per day or total of \$500 or more.

**IN THE EVENT OF SERIOUS ILLNESS, YOU WILL BE NOTIFIED REGARDLESS OF ESTIMATED COST.**

**Signature:** \_\_\_\_\_

**If food is not supplied by owner, please note there will be an additional \$5.00/day charge.**

**FEEDING INSTRUCTIONS:** Own food supplied?  YES  NO

**MEDICATION INSTRUCTIONS:**

**YOUR PETS ITEMS/BELONGINGS INCLUDE:**

**EMERGENCY CONTACT INFORMATION**

Owner: \_\_\_\_\_

Alternate (Local) Contact Person: \_\_\_\_\_