

1430 Carley Rd.
Springdale, AR 72762



Phone
(479) 751-2525

Boarding Form

(Bring in with pet.)

Pet name: _____ Client name: _____

Hours of operation:

Monday, Tuesday, Wednesday, Thursday, Friday: 7:30 am - 5:30 pm (It is extremely beneficial to the staff if all admissions could occur at least 30 minutes prior to closing)
Saturday: 8 am-12pm

Arrival date: _____ Discharge date: _____

Emergency numbers: name _____ () _____
Name _____ () _____

Diet: _____ will you bring your own supply Yes No
(we feed Hill's Science Diets. Any other types of food will need to be brought)

How much food to feed and how often _____

Any water restrictions: NO Yes _____

Medications:

Example:

Drug: L-thyroxine 0.8 mg how much: 1 tablet how often: twice daily
Begin when: Thursday evening, January 1

Drug _____ how much _____ how often _____
Begin when: _____

Drug _____ how much _____ how often _____
Begin when: _____

Drug _____ how much _____ how often _____
Begin when: _____

Items left with pet: (be descriptive please. Ie. Blue baby blanket, red feather toy, etc)

Carrier color _____

To prevent the spread of infectious diseases and parasites, boarded animals must be current on all vaccines and free of internal and external parasites. I authorize the doctor to provide vaccines and parasite control as needed for my pet.

Signed