



Owner's name: _____

Pet name: _____

Feeding Instructions:

_____ Please feed my pet the kennel diet (SCIENCE DIET Sensitive Stomach dry).

_____ Owner Diet (please list): _____ Amount feeding _____

OWNER RELEASE:

You are to use all reasonable precaution against injury, illness, escape, or death of my pet. The clinic and staff will NOT be held liable for any problem that develops provided reasonable care and precaution are followed. I understand that any problem that develops with my pet while I am absent will be treated as deemed best by the veterinarian and I ASSUME FULL RESPONSIBILITY for the treatment expense involved.

It is BEEVET's hospital policy to ensure the best possible care for your pet. In the unfortunate and unlikely event that your pet should experience a medical emergency, please select one of the following:

- Do everything possible for my pet. (CPR)
- Do not treat my pet. (DNR)

I have read, understand, and agree to BEEVET's Boarding Policies.

Signature _____

Date _____

Emergency Phone Number/s _____

*****Please do not bring items with your pet that are valuable or irreplaceable. BEEVET Animal Hospital is not responsible for loss or damage to any personal items or toys left with your pet.*****

<input type="checkbox"/> Bed Description:	<input type="checkbox"/> Bed received
<input type="checkbox"/> Bedding (towels, blankets, pillows, etc.) Description:	<input type="checkbox"/> Bedding received
<input type="checkbox"/> Leash, collar, harness Description:	<input type="checkbox"/> Leash, collar, harness received
<input type="checkbox"/> Toys Description:	<input type="checkbox"/> Toys received
<input type="checkbox"/> Litter Type:	<input type="checkbox"/> Litter received
<input type="checkbox"/> Food/Container Type and container description:	<input type="checkbox"/> Food/Container received
<input type="checkbox"/> Bags items placed in Description:	<input type="checkbox"/> Bag received

Boarding Report Card

(To be filled out by staff)

How I ate:

- I devoured my food!
- I ate some of my food.
- I didn't feel like eating much.

How I played:

- I was so excited I played like crazy
- I was shy
- It took me a while for me to feel comfortable with my new friends.
- I need to work on my "Petiquette."

Potty time:

- I went regularly
- I went infrequently

My personality:

- I was very friendly
- I was shy
- I was quiet
- I was talkative

How I slept

- I felt right at home in my bed
- I was a little restless
- I tried to eat my bed