

Mono Way Veterinary Hospital

14401 Mono Way, Sonora, CA 95370

209-532-5507

BOARDING FORM

Client:

Patient:

PHONE NUMBER(S) WHERE YOU MAY BE REACHED:

1. _____ 2. _____

ALTERNATE PERSON THAT MAY BE REACHED:

Name: _____ Phone: _____

Date of pick-up: _____

Your regular veterinarian, if not Mono Way Vet: _____

Circle the following vaccinations that your pet is due for: DOGS: DA2PP Rabies Bordetella CIV
CATS: FVRCP Rabies FeLV

Your pet must be current on vaccinations to board.

ITEMS THAT YOU ARE LEAVING WITH DOGET (include short description, color):

1. _____
2. _____
3. _____
4. _____

MEDICATIONS, IF ANY, TO BE GIVEN TO DOG:

1. _____ 2. _____
3. _____ 4. _____

I, the undersigned owner or authorized agent of the above referenced animal, hereby authorize Mono Way Veterinary Hospital, its doctors and staff, to administer such treatment as is deemed necessary by the doctors while being boarded. I also consent to the administration of such anesthetics as necessary. I understand that my pet will be examined for external parasites and will be treated accordingly at my expense.

Signature: _____