ROSEMEADE VETERINARY CLINIC

<u>1930 Rosemeade Pkwy, #100, Carrollton, TX 75007; PH: 972-492-1091</u>

BOARDING INFORMATION AND CHECK-IN

Client Name:			Pet Name:		
Contact Numbers:	()		()		
	()		()		
If you are unable to	reach me, please contac	ct:			
•			Phone:		
Drop Off Date:			Pick up Date:		
			· · · · · · · · · · · · · · · · · · ·		
-	net must be current on all me of boarding, the vaccin	-		accination is not presented these services.	
List any medication	s your pet will need whi	ile hoarding:			
MEDICATIONS		ne souranig.	DOSAGE		
Please be aware of	the following problems:	•			
List any personal ite	ems you have brought w	vith vou:			
	,				
				DVEC DNO	
Feeding Instruction	<u>5:</u>	Have you brough	nt your pet's own food?	□YES □NO	
Please perform the Physical Ex	following while my pet	<u>is boarding:</u>] Clip Matts	☐ Ears checke	nd.	
☐ Bath Only		Dentistry	Skin Checke		
☐ Bath and [Vaccinations	☐ Bloodwork		
☐ Express Ar		Fecal Exam	☐ Senior Pet I	Physical	
☐ Nail Trim	Ε] Heartworm Chec	ck		
In the event of an e	mergency:				
If my pet becomes ill o	or an emergency arises, I au	ıthorize Dr. Binford	and his staff to perform d	iagnostics and treatment	
medically necessary fo	or the health and comfort o	of my pet during bo	arding.		
_				wever, services will NOT be	
	chable. For charges less tha	an \$50.00, NO atte	mpt to contact me will be r	nade. I will be financially	
responsible for the ser					
	· · · · · · · · · · · · · · · · · · ·			ness, injury or escape, and I	
will not hold Rosemea	de Veterinary Clinic liable o	or responsible for t	ne care, treatment or safe-	keeping of my pet.	
SIGNATURE:			ΝΔΤΕ :		