



Clinic Use Only

Checked in by _____

Pick-up Date: _____

Charged out: _____

Account # _____

Boarding Admission 2025 Form

Owner Name: _____ Pet Name: _____

Pick up date: _____ Time: _____ AM PM

Best Contact Phone #: _____ Best method of contact: Phone Call / Text

Vaccines

Canines must have a record of Distemper within the last year and Bordetella (Kennel Cough) within the last 6 months and a current rabies vaccine. Felines must have a record of Feline Respiratory Vaccine within the last year and a current Rabies Vaccine. We are happy to do these at time of drop off.

Flea Policy: AMC has a no flea policy; if your pet is found to have fleas, they will be treated for a \$10.00 charge.

Diet

Please feed Science Diet Maintenance ☐ I have provided my pet's regular food ☐
Please feed _____ cups _____ times a day. Please feed _____ cups _____ times a day.

Medication (\$5.60 per day): Is your pet currently on any medication? Yes No

If yes, please list medication and schedule below: (If diabetic, ask for charges.)

Medication: _____ Last dose given: _____

Schedule: _____

Medication: _____ Last dose given: _____

Schedule: _____

Treatment: In the event your pet becomes ill while boarding, do you authorize treatment?

Yes No

Insurance (\$3.90 per night): We offer a minor medical insurance policy that covers the exam charges, medicine, and medical tests that are incurred as a result of the stress of boarding (ex. – stress diarrhea).

Yes, I would like insurance for my pet. ☐ No, I decline insurance for my pet. ☐

Additional Services

- ☐ Pedicure: \$21.00 ☐ AMC Bath (includes pedicure and ear cleaning): \$43.00 - \$95.00
☐ Anal Gland Expression: \$36.50

Special Instructions:

We are NOT responsible for belongings left with your pet.

Person(s) Authorized to pick up your pet: _____

Emergency Contact: _____ Phone: _____

Owner Signature: _____ Date: _____