



Clinic Use Only

Checked in by _____

Pick-up Date: _____

Account # _____

Boarding Admission

Owner Name: _____ Pet Name: _____

Pick up date: _____ Time: _____ A P

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

Vaccines

Canines must have a record of Distemper and Rabies within the last year and Bordetella (Kennel Cough) within the last 6 months. Felines must have a record of Feline Respiratory and Rabies Vaccine within the last year. 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 \$11.00 charge.

Diet

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

Medication (\$5.90 per day): Is your pet currently on any medication? Yes No If yes, please list medication and schedule below:

Last dose given

Medication: _____ Schedule: _____
Medication: _____ Schedule: _____

Treatment: In the event your pet becomes ill while boarding, do you authorize treatment? Yes No

Insurance (\$4.10 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: \$22.00 AMC Bath (includes pedicure and ear cleaning): \$45.50 - \$100.00
 Anal Gland Expression: \$38.50

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: _____