



ANIMAL MEDICAL CLINIC

animalmedicalclinicfayar.com

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