



**THE CAROLINAS  
ANIMAL HOSPITAL  
& DENTAL CLINIC P.A.**

13331 York Center Drive, Suite A • Charlotte, NC

Place Patient Info Sticker Here

## Boarding Admission Form

Emergency Contact(s):

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name phone number

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name phone number

Drop off:

\_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am/pm

Pick up:

\_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_ am/pm

Your pet's diet:

\_\_\_\_\_ wet/dry \_\_\_\_\_ cups \_\_\_\_\_  
brand amount how often

Personal items accompanying your pet (please describe in detail):

On **flea prevention?** Type: \_\_\_\_\_ Last administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

On **Heartworm prevention?** Type: \_\_\_\_\_ Last administered: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Are there any other services you would like done while your pet is here?** (Bath, Vaccines, Nail Trim, Refill Prescription, etc.) \_\_\_\_\_

**Medications**—is your pet currently on any medication that is to be given? Yes / No

Name of Medication	Quantity to be given	How often to be given
1.		
2.		
3.		
4.		

### Boarding Policies

Boarding is provided as a service to the regular clients of The Carolinas Animal Hospital & Dental Clinic, P.A. During your pet's separation from you, our staff will endeavor to make his/her stay as pleasant as possible.

**It is the policy of the hospital that:**

- Boarding animals must be current on vaccinations and free from internal and external parasites or they will be treated at the owner's expense. \_\_\_\_\_ initial
- If your pet becomes ill during the stay and you and your emergency contact cannot be reached, we will treat accordingly and your bill will be adjusted accordingly. \_\_\_\_\_ initial
- If a tranquilizer is necessary for handling, it will be administered, at owner's expense. \_\_\_\_\_ initial
- Animals are expected to be release on the date specified above. If for any reason you can not pick up your pet on that date, please notify us immediately. Any animal left 7 days beyond the expected release date without notification will be handled in accordance to the laws of the State of North Carolina. \_\_\_\_\_ initial

\_\_\_\_\_  
Signature of Owner/Agent

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness to above signature

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_