



# Monroe Veterinary Clinic

1016 East Spring Street Monroe GA 30655  
(770) 267-3690 voice (770) 267-0761 fax  
clinic@monroevet.com

## BOARDING ADMISSION FORM

**All pets admitted to the hospital must be current on all vaccinations.** This includes Rabies, Distemper-Hepatitis-Parvo, and Kennel Cough for all dogs. Cats are required to have had Feline Distemper and Rabies Vaccinations. The Feline Leukemia Vaccine is not required for cats; however it is STRONGLY recommended.

Client: \_\_\_\_\_ Pet(s): \_\_\_\_\_

Emergency Phone Numbers: \_\_\_\_\_

If your pet requires medication our nurses will be happy to administer it for you while you are away. There is an additional fee for giving medication while boarding. The fee is \$4.62 per day.

List Medications: \_\_\_\_\_

Monroe Veterinary Clinic does not recommend boarding pets together due to the stress of having to share a confined space. If you desire your pets to be boarded together, you will be financially responsible for any necessary medical or surgical fees incurred while boarding with us.

**Please initial if you wish your pets to board together** \_\_\_\_\_

Although every effort is made to keep your pet clean while boarding with us, water bowls get turned over and accidents do happen. For this reason we recommend your pet be bathed before being discharged. (The cost for a bath is based on his/her weight.)

Bath Before Going Home? YES or NO

Flea Product? YES or NO

I plan to pick up my pet on:

Day: \_\_\_\_\_ Date: \_\_\_\_\_ at \_\_\_\_\_ AM/PM

**Clinic Hours: Monday – Friday: 7:30am to 5:30pm Saturday: 7:30am to 12:00pm**

**Please update my pet(s) vaccinations while boarding**

Name(s) of Pets: \_\_\_\_\_

Comments: \_\_\_\_\_

I authorize Monroe Veterinary Clinic to perform the above indicated procedures. I also authorize the use of medications necessary for the treatment or handling of my pet. I further authorize Monroe Veterinary clinic to prescribe for and treat my pet in case of illness or emergency, understanding that every reasonable effort will be made to contact me prior to initiation of extensive treatment.

**I understand that payment in full is due at the time of discharge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Items Left: \_\_\_\_\_