

Pre-Boarding Information Form

Please remember your completed information form when arriving for boarding.

CLIENT INFORMATION:

Name: _____ Home Phone: _____ Cell: _____

PATIENT ARRIVAL DATE:

Name: _____ Species: _____ Breed: _____ Color: _____

Patient Arrival Date: _____ Patient Departure Date: _____

Please contact us at 610-395-0707 to schedule this reservation with our staff.

Hamilton Animal Care Kennel Hours

Monday 7:30 am – 8:00 pm	Thursday 7:30 am – 8:00 pm
Tuesday 7:30 am – 8:00 pm	Friday 7:30 am – 7:00 pm
Wednesday 7:30 am – 8:00 pm	Saturday 8:00 am – 1:00 pm
Sunday 10:00 am – 2:00 pm	

Would you like your pet bathed while boarding? Yes or No

Please note: Pick up time must be after 4 pm if your pet is to be bathed.

Would you like puppy playtime? Yes or No

Total puppy playtime per day _____

In the space provided, please indicate the name and phone # of any person(s) that you authorize to pick up your pet.

Emergency Contact Name: _____

Phone #: _____

Does this person have permission to authorize medical treatment of your pet by our hospital? Yes or No

If your pet needs urgent care and we are unable to reach you or the emergency contact, do we have permission to treat your pet? Yes or No

Do you have medications? Yes or No

If yes, please explain: _____

During your pet's stay does he/she need to be examined by our doctors? Yes or No

If yes, please explain: _____

Belongings and special feeding instructions: _____

Owner's signature: _____ Staff Initials: _____