

# 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: \_\_\_\_\_